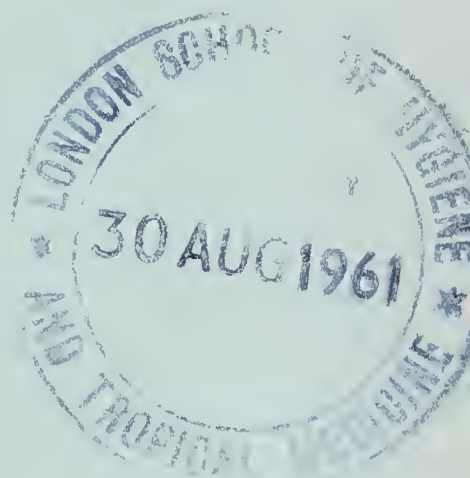


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CITY OF SHEFFIELD
EDUCATION COMMITTEE

29 JUL 1960



SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1959

[FIFTY-SECOND YEAR]

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

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Director of Education — T. H. TUNN, M.A.

SCHOOL HEALTH SERVICE

Medical Officer of Health and Principal School Medical Officer

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer

C. H. SHAW, M.D., D.P.H., D.P.A.

Senior School Medical Officer

E. GWENDOLINE M. OATES, M.D., M.R.C.S., L.R.C.P.

Full-Time School Medical Officers

JAMES GREER, L.R.C.P.(I.), L.R.C.S.(I).

DAVIDA M. PILKINGTON, M.R.C.S., L.R.C.P.

KATHERINE S. P. HILL, M.B., B.Ch., B.A.O.(B.A.). EITHNE M. SWALLOW, B.A., M.B., B.Ch., B.A.O.

DORIS E. MORTON, B.A., M.B., B.Ch., B.A.O., L.M.

(Vacancy for School Medical Officer)

Part-time School Medical Officers

DOREEN C. B. COLVER, M.B., Ch.B., D.C.H.

HELEN ESSENHIGH, M.B., Ch.B.

CHARLES O. GREER, B.A., M.B., B.Ch., B.A.O.

School Medical Officers also serving in the Public Health Service

JAMES D. HALL, M.R.C.S., L.R.C.P., D.P.H.

ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P., D.P.H.

MARY B. VINCENT, B.A., M.B., B.Ch., B.A.O., C.P.H.

Assistant Medical Officers of Health also serving in the School Health Service

MARION E. JEPSON, B.Sc., M.B., Ch.B., D.C.H.

KAZIMIERA H. TLUSTY, M.D., D.C.H.

CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H.

Joint appointments to School Health and Public Health Services

ROLAND E. BROWNE, M.R.C.S., L.R.C.P., D.P.H. KATHLEEN M. LUMB, M.B., Ch.B., D.Obst.,
R.C.O.G., D.C.H., D.P.H.

Specialist Officers

Ophthalmic Section †*MALCOLM FERGUSON, M.B., B.S., D.O.M.S.

Aural Section †*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.

Orthopædic Section †*FRANK W. HOLDSWORTH, M.A., M.Chir., F.R.C.S.

†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.

Rheumatism and Heart †*JOHN LORBER, M.D., M.R.C.P.

Orthodontic Section *(VACANCY)

Orthoptists

†*Mrs. JEAN DRAYCOTT, D.B.O.(T.).

†*Miss JENNIFER A. SMITH, D.B.O.

†*Miss CHRISTIANE WIBEL, D.B.O.

Full-time School Nursing Sisters

Miss ELSIE DENT, S.R.N., S.C.M., H.V.Cert. (Chief School Nursing Sister)

Miss PHYLLIS M. ARTHUR, S.R.N.

Miss DOREEN A. KIRK, S.R.N., R.S.C.N., S.C.M.,
H.V.Cert.

Mrs. OLIVE A. ASHTON, S.R.N., S.C.M.

Miss CONSTANCE M. LAMBERT, S.R.N., S.C.M.

Mrs. MARJORIE BARNSLEY, S.R.N., S.C.M.

Mrs. JOYCE LEACH, S.R.N.

Mrs. ELIZABETH BATES, S.R.N., R.F.N.,

C.M.B.(Part I)

Mrs. LILIAN LIVERSIDGE, S.R.N., T.A.&Orth. Certs.

Mrs. GRACE E. BROWN, S.R.N., S.C.M.

Mrs. MARGARET MacDOUGALL, S.R.N., C.M.B.(Pt. I)

Mrs. JOYCE C. COGGINS, S.R.N.

Mrs. EVELYN NOBLE, S.R.N.

Mrs. ELSIE M. COX, S.R.N., S.C.M.

Miss RUTH POULES, S.R.N., R.F.N., C.M.B.(Pt. I)

Miss EDITH DONCASTER, S.R.N.

Mrs. MARY A. REID, S.R.N., S.C.M.

Miss BETTY DRIVER, S.R.N., S.C.M.

Mrs. GRACE RICHMOND, S.R.N.

Mrs. IVY HIBBERT, S.R.N., S.C.M.

Miss AUDREY E. SALVIN, S.R.N., S.C.M., H.V.Cert.

Miss MARGARET HILTON, S.R.N., R.F.N., S.C.M.

Miss LUCY SCOTT, S.R.N., S.C.M.

Miss CLARICE HOBSON, S.R.N., R.F.N., S.C.M.

Miss HAZEL M. SPILSBURY, S.R.N.

Mrs. VERA C. M. JAMES, S.R.N.

Miss GRACE STANIFORTH, S.R.N., S.C.M.

Mrs. CONSTANCE E. JONES, S.R.N., C.M.B.(Pt. I)

Miss SYLVIA M. WILLIAMSON, S.R.N., C.M.B.(Pt. I)

Mrs. ELSIE S. WOODWARD, S.R.N., S.C.M.

(One Vacancy for School Nursing Sister)

Health Visitors also serving in the School Health Service

Miss PATRICIA ALDEN, S.R.N., S.C.M., H.V.Cert.

Mrs. MARJORIE WILD, S.R.N., C.M.B.(Part.I),

Mrs. NINA BARTON, S.R.N., S.C.M., H.V.Cert.

H.V.Cert.

Miss BARBARA BRAMWELL, S.R.N., S.C.M.,

Miss DOROTHY E. R. YOULE, S.R.N., S.C.M.,

H.V.Cert.

H.V.Cert.

Miss PATRICIA A. TAYLOR, S.R.N., S.C.M.,

Miss JOYCE A. R. ZSCHERPEL, S.R.N., S.C.M.

H.V.Cert.

H.V.Cert.

Nursing Assistants

Mrs. DOROTHY R. BAKER
Miss KATHLEEN BELL
Miss DOROTHY BURDEKIN
Miss ENID CLOUGH
Mrs. MARY CRAPPER, S.E.A.N.
Miss ELIZABETH GILL

Miss BETTY LOUND
Miss NORRIE A. SMITH
Miss ROSALIE V. SWEENEY, S.E.A.N.
Mrs. MARY E. TOWNEND, S.E.A.N.
Mrs. JOAN M. TURNER
Miss KATHLEEN WRIGHT

(Vacancy for Nursing Assistant)

Dispenser at Clinics—GEORGE WARRILOW

Principal School Dental Officer

EDGAR COPESTAKE, L.D.S.

School Dental Officers

AIDAN BLOOMFIELD, L.D.S.
ALBERT E. CLARKE, L.D.S.
ALFRED E. GISBURN, L.D.S.

Mrs. EDITH M. M. HAGUE, L.D.S.
Miss AGNES M. THOSEBY, L.D.S.

(Six Vacancies for School Dental Officers)

Dental Anæsthetist

*IAN ASHFORTH, M.B., Ch.B.

Dental Attendants

Miss JANET ALBISTON
Miss JEAN SMITH BANBURY
Miss DOROTHY V. BROWN
Mrs. OLGA V. HABERSHON
Miss WINIFRED M. McKENZIE

Miss CLARE E. MARLOW
Miss CLARA L. MARSDEN
Mrs. FRANCES MORRIS
Mrs. AUDREY ROSS

(Four vacancies for Dental Attendants)

Oral Hygienist

(VACANCY)

Dental Technicians

CLIFFORD J. ATKIN (Senior)
(Vacancy for Dental Technician)
(Vacancy for Apprentice)

CHILD GUIDANCE CENTRE

Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER

NOEL E. WHILDE, M.Sc., F.B.Ps.S.
(Educational Psychologist in charge)
Miss EDITH M. FAWCETT, B.Sc.
(Educational Psychologist)
Miss RUTH J. M. GARDEN, M.A., Ed.B.,
A.B.Ps.S. (Educational Psychologist)
KENNETH A. SMART, B.Sc., Ed.B.
(Educational Psychologist)

JOHN R. WILSON, B.A., B.Ed.
(Educational Psychologist)
†*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,
D.P.M. (Psychiatrist)
*Mrs. C. ROSE HOLMES
(Psychiatric Social Worker)

(Vacancies for Educational Psychologist, Psychiatric Social Worker and Psychotherapist)

SPEECH THERAPY CLINIC

Mrs. ANNE A. STOCKDALE, L.C.S.T.
(Senior Speech Therapist)
Miss ANNE B. CHAPMAN, L.C.S.T.
(Speech Therapist)

Mrs. JANET A. BEER, L.C.S.T.
(Assistant Speech Therapist)
Miss MARGARET R. WEBSTER, L.C.S.T.
(Assistant Speech Therapist)

Chiropodist—*LEONARD ALDAM, M.Ch.S.

Physiotherapist—(VACANCY)

After-Care Officer—Miss ELLEN TRUMAN

BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN

Miss KATHLEEN GRAYSON, S.R.N.,
Cert. in Housekeeping (Matron)

Miss MURIEL M. HARTLEY, S.E.A.N.
(Resident Assistant Nurse)

MAUD MAXFIELD SCHOOL FOR THE DEAF

(Vacancy for Matron-Housekeeper)

SHEFFIELD SCHOOL FOR BLIND CHILDREN

Miss GERALDINE CREHAN (Matron-Housekeeper)

CLERICAL STAFF

WILLIAM F. HERN (Administrative Assistant)

DONALD STANIFORTH, D.P.A. (Senior Clerk)

Miss RITA BARRATT
Miss JOYCE BENTON
Mrs. FRED A. BINNS
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Mrs. RITA BURKINSHAW
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Miss JEAN M. FOX

Miss JOAN FOX
Miss ELIZABETH A. HARRITY
Miss PATRICIA McILVEEN
Mrs. DOROTHY MACDONALD
Miss JACQUELINE PEARCE
Miss PATRICIA SMALLEY
Miss LILIAN SMITH
Miss JOAN M. SPARLING
ALVAN J. SWIFT
Miss JOSEPHINE TAYLOR
Miss ANNE M. THOMPSON
Mrs. BRENDA J. WALSH
Mrs. SILVIA M. WILLIAMS

SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, Sheffield, 1.

(Telephone 26341).

(NOTE : *Denotes part-time Officer. † Denotes appointment by arrangement with the Regional Hospitals Board).

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I again have the honour to present to you the report on the work of the School Health Service for the year that ended on 31st December, 1959.

In my last report I indicated the lines along which the School Health Service had been developing. The Service was originally introduced to ensure that every child had the best possible education despite any handicap he suffered, and to prevent, as far as possible, any handicap developing that would hinder the child's physical and educational development. Although the aims remain the same, the conception of education has widened and the armamentarium available on the medical side continues to increase, not only in the field of practical surgery and medicine but also in what might be called the attitude to the problem. The Education Act encourages the primary assessment of a child's abilities to be made from the age of two—it is often attempted with increasing success at an even earlier age, so that the best uses of remedial or rehabilitative measures can be brought into action as early as possible. The patterns of thought and action are laid down at a very early age and our efforts to rehabilitate the child must also be made as early as possible.

The child with a squint begins by suffering from a defect of vision and an undeveloped power of fusion of the images of the two eyes. If nothing is done to correct this defect the child may find the effort of working the two eyes in concert too much, suppressing the use of the eye by turning it to one side—in time this squinting eye becomes useless.

The same can be said about many other disabilities. A child cannot appreciate sound unless he hears it, and the totally deaf child, by the age of two to three, develops a mind that is not geared to the interpretation of sound. If the power of dealing with sounds—an active mental process (whereas hearing is a passive one)—is not part of the child's mental equipment, and the child has achieved a pattern of development without sound, then it becomes increasingly difficult to alter that pattern if he becomes conscious of sound at a later age. The point is that training of the deaf child, and especially the use of transistor aids to capitalise on any available hearing, should commence as early as possible. The part the parents play in the rehabilitation of the child is important.

A child who requires a prosthesis should have one as soon as possible for in that way the mind (and as a consequence the child) grows up accepting an appendage—even if it is not a limb. I do not believe that we have reached the final development of the mentally handicapped child—in fact it has been shown that even the intelligence quotient, that monolith hitherto considered unassailable, is capable of being raised given suitable assistance.

Improving the lot of the handicapped is good economics, for some of them, often through no fault of their own, become the social problems of the future. Very often handicaps are multiple and, in every case, there is a psychological factor. The association between mind and body is too intimate for one to be involved without the other, and disability essentially resides in the mind.

It is particularly satisfactory to note the increase in the cases referred to the Child Guidance Clinic by head teachers, for they are especially knowledgeable of the child's capabilities and limitations. Help is increasingly extended by this service to the handicapped child. As has previously been mentioned educational disturbance is often associated with a physical or mental handicap, and it is often more important to deal with the emotional disturbance than the physical one.

The cleanliness of the children merits more than passing comment. It is perhaps one of the most delicate indices of the efficiency of our welfare services and particularly of the School Health Service. Those who recall the deplorable condition of the children's person of not so many years ago will rejoice at the changes that have taken place. New methods of physical education, associated with a robustness and pride in physique of the children, new fabrics that are easily laundered, easier methods of washing and drying, and school medical inspection itself have all contributed towards developing cleanliness. Most important of all is the better education of the child and his parents for that is the ultimate aim of the whole Service.

By now the School Dental Service has become accustomed to frustrations—despite this the work carried out has been of a high order. But it is depressing to realise that parents are not yet appreciative of the value of this service.

Another subject that deserves particular reference is that dealing with the testing of hearing. Slight defects of hearing may lead to serious difficulties in understanding and of expression. Every effort is made to discover deafness as early as possible and the auditory training clinic is being increasingly used by the Child Welfare Service of the Health Department.

School children together with other members of the family and even neighbours come under scrutiny from time to time in our endeavour to trace the ramifications of an infectious case of tuberculosis. The exercise is often in the nature of a detective story and a wrong move may at times lead to death. It is reassuring to be able to record (p. 28) that no untoward effect has, to the best of our knowledge, resulted to school children from contact with an open case of the disease. Chest conditions other than tuberculosis also sometimes come to light as a result of our investigations.

Many Members of the Committee will recall vividly the concern for the nutrition of children about 25 years ago. There will be many who fought for the introduction of school meals as an integral part of the child's education. How anomalous it is to find a growing concern for the overweight child. There is a body of opinion that considers over-indulgence in animal fat a possible precursor of heart disease in later life. The position merits scrutiny but one must remember that physical activity requires proper and adequate food.

I commend the Report to you. It has been as usual compiled by the Senior School Medical Officer with the help of the administrative staff. Nevertheless, it is a record of the efforts of all members of the staff who believe that the health and education of a school child is a worthwhile job. In many ways it is repetitious and it is only by long term comparisons that one realises the great distances that have been travelled and how worthwhile the journey has been.

It is always a pleasurable duty to acknowledge the debt to our medical and nursing colleagues in the field and, indeed, to all those associated with the running of the School Health Service. It only remains for me to express my thanks to the Director of Education and his staff for unfailing help and co-operation, and to the Chairman and Members of the Child Welfare Sub-Committee for their support and tolerance.

LLYWELYN ROBERTS,
Principal School Medical Officer.

CITY OF SHEFFIELD

GENERAL INFORMATION

Population (as estimated mid-1959)	..	..	..				499,400
Area	..	..	..	..	..	..	39,598 acres
Density of Population..	..	..	..	..	..	..	12·61 persons per acre
Rateable Value..	..	..	..	..	..	..	£6,588,714
Education Rate	..	..	..	..	..	..	249·61d.
Penny Rate produces	..	..	..	..	..	..	£25,382
Primary and Secondary Schools (including Nursery Schools)—							
Number of schools	..	..	..	..	..	..	225
Number on rolls	..	..	..	..	..	..	71,187
Special Schools—							
Number of schools	..	..	..	..	..	..	16
Number on rolls	..	..	..	..	..	..	1,269

STAFF AND CO-ORDINATION

During the year Dr. Browne and Dr. Lumb have been welcomed as new members to the staff. As these are joint appointments to the school health and public health services, the scope of the school medical officer has, so to speak, been extended at both ends of the scale, and other fields of work correlated. For instance, a mother attending either the school clinic with a school child, or at periodic health inspection in school, may see the same team of workers when attending the ante-natal clinic for a further pregnancy ; problem families can be dealt with as a whole, this is done by Dr. Wright ; the liaison between handicapped school leavers and Dr. Parker, the Senior Assistant Medical Officer for care and after-care, is to be strengthened by visits to the special schools so that the child is known to Dr. Parker within the last year of school life ; and the practice of forwarding maternity and child welfare records to the School Health Service when a child reaches school age is continued. In December, 1959, it was decided to bring all the immunization schemes together, and this is being done under the direction of Dr. Browne.

Three vacancies for school nursing sisters were filled by five joint appointments (school nursing sister/health visitor). Miss Fawcett and Mr. Smart were appointed as educational psychologists, still leaving vacancies for an educational psychologist, a psychiatric social worker and a psychotherapist.

CO-OPERATION WITH OTHER BODIES

"Many hands make light worke."
(15th Century Proverb)

NATIONAL HEALTH SERVICE

The number of orthopædic clinics has been reduced by one third, otherwise the specialist clinics arranged with the Regional Hospital Board continue as before.

Liaison with the hospitals remains good. Pædiatricians continue to send copies of their letters to the general practitioners, together with results of investigations concerning school children. This is done with the knowledge of the general practitioners and these reports are most valuable. Personal contact is kept with one hospital by the weekly visit of a school nursing sister and in all the hospitals there is co-operation with the almoners. Letters were again sent to general practitioners of any defect found in a school leaver, together with a copy of Form Y.9 or 10. 364 letters were sent during the year, that is 7 per cent. of the leavers as against 5.5 per cent. for the previous year. The conditions dealt with were :—

DEFECTS							NO. OF CHILDREN
Defective vision .. .. .	..	..	..	..	..	..	59
Defective colour vision .. .. .	..	..	..	..	..	..	81
Other abnormalities of eyes .. .. .	..	..	..	..	..	..	6
Deafness .. .. .	..	..	..	..	..	..	43
Otitis media .. .. .	..	..	..	..	..	..	19
Other E.N.T. conditions .. .. .	..	..	..	..	..	..	2
Heart conditions .. .. .	..	..	..	..	..	..	21
Chest conditions .. .. .	..	..	..	..	..	..	28
Rheumatism .. .. .	..	..	..	..	..	..	7
Epilepsy .. .. .	..	..	..	..	..	..	15
Neurological .. .. .	..	..	..	..	..	..	7
Orthopædic .. .. .	..	..	..	..	..	..	17
Others .. .. .	..	..	..	..	..	..	59
							<hr/> 364 <hr/>

PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

At the periodic health inspections, 11,772 (11,967) parents attended with their children. This is equivalent to 51.5 (57) per cent. attendances with boys and 54.5 (65) per cent. with girls. These figures show a slight decrease from those of last year, which are given in brackets.

Thanks must be given to the teachers, inspectors, education welfare officers, the Children's Officer and his staff, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Voluntary Association for Mental Welfare and the Council of Social Service for all their valuable help.

Also, thanks must be given to the local press for the realistic and sympathetic approach which is given to all matters concerning the School Health Service.

Once more the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made full use of the Fairthorn Convalescent Home. During the period March 2nd to December 23rd, when the house was open, 83 boys and 115 girls were there for convalescent treatment. In addition to this, 71 children selected by the teachers went there during the summer vacation. Most of these were children who would not otherwise have gone away from home for a holiday. All the children were examined by the school medical officers and passed as free from infection and suitable.

PERIODIC HEALTH INSPECTIONS

" All his faults observed, set in a notebook."

Shakespeare, " Julius Caesar," Act IV, Sc. 3.

School entrants are examined at the age of 5 years, pupils being also examined in their first year at secondary school and in their final school year. The head teachers thus have a full medical report on all entrants to their departments, and can discuss the health of any child with the doctor. An annual visit is made to junior schools for a medical survey and selected children can then be examined. Frequent visits are also made to schools by the school nursing sisters. The main statistics on medical inspection will be found on pages 72 to 77, the findings being given in accordance with the Ministry's requirements.

The number of children (1958 figures in brackets) found at periodic health inspections to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease) was 3,243 (3,310), or 14·6 per cent. of those inspected. In addition 3,595 (3,046) were referred for further medical supervision.

At the " follow-up " examinations which take place the year after the periodic health inspection 3,970 (4,964) children were examined.

There were 830 (950) cases selected at survey inspections, of whom 123 (126) were found to require treatment.

Dr. Hall reports from the Manor Clinic :—

" The great majority of the school children in the Manor Area continue to be well clothed and more than adequately fed. Signs of poverty are now very rare and those families in whom these signs appear are all of the " problem " type, well known to the local authority and to the voluntary agencies.

Certain features of the year's work require further comment :

Warts.—The incidence of all types is high and shews no signs of abating. The treatment of plantar warts with monochloroacetic acid has proved effective. The recurrence rate is nil in this variety of wart. Warts of the hand, however, tend to recur, but repetition of treatment results in cure. The treatment is simple, quick, relatively painless and complications are minimal ; secondary infection of the treated area has proved unimportant and in any event hastens the cure.

The ease of treatment of warts, however, should not excuse the continuing arrangements in some schools which are responsible for the spread of plantar warts. These include the sharing of gym shoes and the practice of barefoot exercises and dancing. The latter, when performed on wooden

floors, are also actively dangerous ; on several occasions school medical officers have been presented with the task of removing splinters embedded in the plantar fascia. It is difficult to see, on what evidence, the discarding of footwear is said to be good for the feet, except to keratinise the soles. The practice is in fact a fetish.

Scabies and Pediculosis Capitis.—The incidence of scabies which shewed a marked increase two years ago is now apparently static once more. The incidence of nits remains constant.

Impetigo.—There has been a decrease in the incidence of impetiginous lesions of the face. No confluent case has been observed during the past year. Treatment with Vioform has proved effective and no case has been seen which might have required treatment with any of the tetracyclines.

Obesity.—The overweight flabby child is now a constantly recurring problem. Treatment by dieting, except in two cases, has been ineffective. The two cases which responded were in children who were themselves anxious to reduce their weight. Parents of overweight children seem, for the most part, satisfied with their fat child, and do not admit to themselves the athletic inferiority, for example, of their offspring ; some of these parents do in fact consider the child an advertisement for their feeding and are incapable of understanding the physical handicaps and the dangers in later life of obesity. In all the cases seen, a careful history of the daily food intake reveals overeating as the common factor in every child ; many were eating three cooked meals each day and one was eating four. It is felt that the provision of school dinners for all children regardless of necessity has proved a mixed blessing for some.

Plastic Surgery.—It is pleasant to report on the happy outcome of the treatment of cosmetic defects. During the year several cases were referred to the Plastic Surgeons with the family doctor's approval. These cases included the skin grafting of unsightly scars, the repair of prominent ears and one girl of 13 with congenital absence of the left hand. The latter case was particularly successful ; the girl has shewn great pleasure at the result and is no longer obviously conscious of her left arm. It is felt that the vital importance of such cosmetic surgery in childhood cannot be overstressed."

Dr. Pilkington reports as follows :—

" On reflection I feel that the health of the children has been better this year. I feel sure the statistics will show a decline in the number of acute otitis mediæ and bronchitis, which are our main complaints at Attercliffe, and that those we have are responding more quickly to the new drugs.

During the hot summer we had a small outbreak of scabies which now appears under control.

Another general impression is that the children are better clad for the bad weather this year and that head hygiene is improving, though our few "regular customers" in this respect continue as lively as ever.

Our clinic staff have had opportunities for further study courses this year which they and I found very interesting, and for which we are most grateful.

We have persevered in our efforts in "Health Education" *re* obesity but find it difficult to persuade those concerned of the necessity of *serious* dieting."

Dr. J. Greer reports :—

"It is interesting to note that once again the leavers from the E.S.N. boys' schools have all been placed in employment. This reflects great credit not only upon the boys concerned, but also upon their teachers' unremitting efforts both in the scholastic field and their methods of character building.

Many of these boys on first entering the schools for the educationally sub-normal have a deep social problem in addition to their academic inadequacy inasmuch as they are timid, lacking in self-confidence, or in other ways are unable to hold their own in their particular social circle.

Thanks to the schools the majority of these boys undergo a metamorphosis which renders them confident youths with a pride in themselves and their work.

The health of the school population during the year has been very satisfactory with only one minor outbreak of dysentery at one school in this district.

Apart from a hard core of recurring cases the general school population is free from infestation by lice and the general standard of hygiene is good".

GENERAL CONDITION

The classification of children under the term "General Condition" implies a general impression of the children's physical fitness. That the assessment is necessarily a subjective one is generally agreed ; for example, one's standard tends to be higher in a school where the nutritional level is high, and lower in one that is less good. The percentages found to be unsatisfactory were still very low, viz., boys, .04% ; girls, .10%.

CLEANLINESS

The figures obtained at the periodic health inspections are given below and show that the high standard of cleanliness is being maintained. These findings should be read in conjunction with the Cleanliness Survey carried out by School Nursing Sisters (see page 41).

Cleanliness of Head

					CLEAN per cent.	INFECTED HAIR per cent.		
Boys	..	1945	..	..	97.04	2.96	(Nits 2.81	Lice 0.15)
		1956	..	..	99.37	0.63	(,, 0.62	,, 0.01)
		1957	..	..	99.42	0.58	(,, 0.58	,, —)
		1958	..	..	99.45	0.55	(,, 0.54	,, 0.01)
		1959	..	..	99.59	0.41	(,, 0.39	,, 0.02)
Girls	..	1945	..	..	83.24	16.76	(,, 15.83	,, 0.93)
		1956	..	..	97.16	2.84	(,, 2.82	,, 0.02)
		1957	..	..	97.57	2.43	(,, 2.42	,, 0.01)
		1958	..	..	97.54	2.46	(,, 2.45	,, 0.01)
		1959	..	..	98.05	1.95	(,, 1.92	,, 0.03)

Cleanliness of Body

					CLEAN per cent.	DIRTY per cent.	BODY LICE per cent.
Boys	..	1945	..	..	99.56	0.41	0.03
		1956	..	..	100.00	—	—
		1957	..	..	100.00	—	—
		1958	..	..	99.98	0.02	—
		1959	..	..	99.98	0.02	—
Girls	..	1945	..	..	99.65	0.30	0.05
		1956	..	..	99.98	0.01	0.01
		1957	..	..	99.99	0.01	—
		1958	..	..	99.97	0.03	—
		1959	..	..	99.98	0.02	—

EYE DEFECTS

The number of children found to have defective vision at the periodic health inspections are detailed below :—

					Number examined	Defective vision per cent.
Boys	..	..	..		11,165	12.93
Girls	..	..	..		10,588	14.16

Visual Acuity

In addition, the school nursing sisters test the visual acuity in certain other age groups, namely 7, 9 and 13 years. This means that with the visual testing at periodic health inspection the children's eyes are tested every other year. The school nursing sisters referred 369 (484)children to the medical officers at the clinics ; of these, 266 (355) were found to require examination by the ophthalmologist and 102 (124) were kept under observation. No treatment was found to be necessary in the one other case. Figures for previous year in brackets.

SCHOOL BUILDINGS

At the end of each periodic health inspection, the school medical officer inspects the school premises, and any defects or suggested improvements in, for example, sanitation, heating, lighting, water supply, cloakroom accommodation, are noted. Only limited alterations can be made in the older type of school, but it must not be forgotten that when these schools

were built they were then " modern." Standards of life as a whole have risen and new ideas soon become old. Instead of the roller towel in cloakrooms, either paper towels or the Towelmaster type of towel are becoming increasingly used. Incinerators are being installed in the toilets for older girls with provision for washing hands.

New schools completed during the year are Herdings Primary, Jordanthorpe Secondary Girls, Newfield Secondary Girls and Myers Grove Secondary. Also, alterations and additions have been made to five schools ; a new kitchen-dining-room has been provided at another school ; and a new dental clinic at the Rowlinson Technical School has been completed.

HEIGHTS AND WEIGHTS

“ Thou art weighed in the balance.”—Old Testament, Daniel v, 27.

The figures given in the tables on pages 67 to 70 are the average heights and weights in Primary and Secondary Schools and vary little from those of last year. This confirms the note then made, that the tendency in the past for an increase each year in the average height and weight was disappearing. In the tables showing a comparison between schools in “ Good,” “ Medium ” and “ Poor ” districts, the differences are only slight, showing a gradual decrease from “ Good ” to “ Poor.”

INSPECTION AND MINOR AILMENTS CLINICS

" Young man, you are standing on the brink of an abscess."

Andrew Freeman (1898), quoted by Stanley Walker, City Editor.

The clinics form a very important section of the service and the parents and children have continued to avail themselves of the facilities offered. The table on pages 64 to 65 records the nature of the consultations during the year.

DISEASES OF THE SKIN

“ *Meet the disease at its first stage.*”—Persius, “ Satires.”

Some skin diseases call for special comment.

SCABIES

There was a slight rise in the incidence of scabies in 1958, but there are signs that the prevalence is already decreasing.

Year								Number of cases notified by school doctors
1942	..	..	..	..	..	..	..	2,657
1957	..	..	..	..	..	..	..	17
1958	..	..	..	..	..	..	..	38
1959	..	..	..	..	..	..	..	25

RINGWORM OF THE SCALP

There were three cases during the year, all of whom were referred to the Royal Infirmary according to agreement.

OPHTHALMIC TREATMENT

“ The error of our eye directs our mind.”

—Shakespeare, “ Troilus and Cressida,” Act V, Sc. 2.

Mr. Ferguson, the Ophthalmologist, contributes the following :—

“ As in past years, the vast majority of children seen were cases of errors of refraction, or the result of errors of refraction.

Amblyopic (lazy) Eyes

The visuscope has now been in use for years and, by means of this apparatus, it is possible to tell in certain cases of eyes with poor vision, whether the macula, the most sensitive part of the eye, is likely to function after treatment. In many cases it has been found that the macula is unlikely to function normally, so no treatment is given.

Television

It is generally accepted that television has no harmful effects on the eyes, but it is through this medium that parents often note a visual defect.

Partially Sighted Children

The report of the Ministry of Education 1956–57 mentions how very short-sighted children at partially sighted schools have been enabled to return to ordinary schools after being fitted with contact lenses. There are no children in the Partially Sighted Classes at the Bents Green Special School who are there solely because they are short-sighted. It has been found that they can attend ordinary schools, with the co-operation of the teachers, even if they have to sit a few feet from the blackboard. Congenital cataract and congenital nystagmus are the commonest causes of partial sight, there being six cases of each.

Sheffield School for Blind Children

In the Blind School, 23 pupils out of 59 are cases of retrolental fibroplasia, a condition which we now know is preventable. There is no sign of any diminution of numbers at present. It is often difficult in very young children to decide whether they are “ blind ” or partially sighted, as blind children before coming to school have had little first hand experience of the world about them, and react accordingly. Observation by all concerned with their welfare may be necessary before being certain.”

Spectacles

There were 3,012 pairs of spectacles prescribed. In addition, 22 repeat prescriptions were issued.

Summary of Work

	Cases	Attendances
Errors of refraction :—		
Hypermetropia and hypermetropic astigmatism	1,130	1,224
Myopia and myopic astigmatism	1,483	1,568
Mixed astigmatism	170	186
Anisometropia	220	244
Congenital defects	151	186
Inflammatory conditions	35	49
Injuries	21	25
Squint :—		
Strabismus, convergent	294	317
„ alternating convergent	78	89
„ divergent	15	15
„ alternating divergent	8	11
Phoria	35	41
Other	105	107
	3,745	4,062

ORTHOPTIC TREATMENT

At the beginning of the year, the outstanding cases from 1958 numbered 478. All the 156 children referred during 1959 became registered patients ; the total attendances made by all cases being 1,997. 177 cases were discharged during the year and 457 cases were still open at the end of the year.

The details of the discharges are as follows :—

Consultative only (no treatment necessary)	12
After investigation, found to be unsuitable for treatment ..	19
Cured	62
Cosmetically satisfactory	25
Left district or transferred	6
Failed to attend	44
Refused treatment	2
Discharged by Ophthalmic Surgeon	7

EAR, NOSE AND THROAT DEFECTS

"The ear trieth words, as the mouth tasteth meat."—Old Testament, Job xxxiv.

As before, Mr. Peasegood, the Aural Surgeon, attended the Central Clinic for one session each week. The cases were referred to him by the School Medical Officers. Dr. Swallow, the School Medical Officer in charge of the Clinic for the young deaf child and the school for the deaf, attended with Mr. Peasegood. Through arrangements made by the Senior School Medical Officer, Speech Therapists also have the opportunity of discussing cases in which they are interested.

The total number of children seen during the year was 597 (537) and of those 521 (490) were new cases. The children made 828 (775) attendances. The total number of operations performed was 322 (530), 263 (510) being for tonsils and adenoids only. The figures in brackets refer to the numbers for 1958.

In addition, the three hospitals have supplied their figures for operations for tonsils and adenoids :—

Royal Infirmary	90
Royal Hospital	388
Children's Hospital	189
Tonsillectomy Unit	972

The following table gives an analysis of the reasons for attendance at the clinic :—

Deafness	37
Otitis media	26
Tonsils and adenoids	232
Tonsils	28
Adenoids	37
Polypus	1
Other conditions	144
Consultation—no treatment advised at present	92
	<hr/>
	597
	<hr/>

AUDITORY TRAINING CLINIC FOR YOUNG DEAF CHILDREN

Dr. Swallow reports :—

"This clinic has now been operating since 1956.

Average number of children attending each Thursday	5
Number admitted to Maud Maxfield Nursery	4
Current cases carried on from previous year	4
Number of new cases during the year :—	
Referred by W.R.C.C.	1
,, Derbyshire	1
,, Nottinghamshire	1
,, Rotherham	2
,, Maternity & Child Welfare Centre	5
,, Local otologists	2
	<hr/>
	12

Periods of auditory training are arranged for each child as frequently as possible, and we have been greatly encouraged by the keen interest shown by the parents and their regular attendance at each session. In the case of one child, both parents come on every occasion.

Recently it has become apparent that children admitted to the Maud Maxfield Nursery following a period of auditory training at the clinic settle down quickly and without any emotional upset. This is probably due to the fact that their training continues with the teacher to whom they have already become accustomed at the clinic.

AUDIOLOGY

PURE TONE SWEEP AUDIOMETRY

The method for the systematic testing of hearing of apparently normal children of one complete age group has been described in previous reports.

School children aged eight to nine years were tested between September, 1958 and July, 1959, but unfortunately 83 children were absent for all tests and a further number did not attend for retest after removal of wax and abatement of colds.

The total number tested was 6,038 and of these 134 (that is 2·2 per cent.) failed to reach the standard required. On clinical examination of the failures by the nurse, 59 were found to be suffering from colds or had wax in the ears ; after treatment, 21 did not attend for re-testing but 38 were re-tested, of whom 36 had now regained normal hearing. This gave a total of 77 known to have defective hearing.

All those with the relatively greater loss of hearing are under investigation and treatment, and will be retested at a later date in case of deterioration.

Analysis of 77 pure tone audiograms :—

Under 15 decibels loss	..	..	..	..	..	3
15–20 decibels loss in one or both ears	..	..	..	..	..	30
More than 20 decibels loss in one ear	..	..	..	..	..	22
More than 20 decibels loss in both ears	..	..	..	..	..	22

Analysis of the 22 children who have 20 or more decibels loss in both ears :—

20–30 decibels loss in the better ear	..	..	..	..	21
30–40 decibels loss in the better ear	..	..	..	..	1

Of those 22 children, 5 were referred to the Aural Surgeon by the school medical officer, and the following treatment ordered :—

Removal of tonsils and adenoids	..	..	..	..	4
Politzerisation and retesting	..	..	..	..	1

Disposal of the 77 children who had pure tone audiograms and the conditions found :—

Children attending branch clinics	..	..	..	..	44
Children attending general practitioner	..	..	..	..	20
Children attending hospital	..	..	..	..	13
					—

Conditions found in those attending branch clinics :—

Conductive deafness :—					
Otitis media—Acute	..	..	..	..	6
Chronic—Active	..	..	..	..	8
Quiescent	..	..	..	..	8
Eustachian catarrh	..	..	..	..	22
					—
					44
					—

PURE TONE AUDIOMETRIC TESTING

The total number of hearing tests carried out on the pure tone audiometer was 1,219. Of these, 147 came forward through the sweep test and the analysis appears under that section. 375 were retests of children followed up from previous years and 266 were retests of children tested this year (1959).

The remaining 431 children were referred as follows :—

School Medical Officers	..	..	..	..	..	382
Aural Surgeon	..	..	..	..	..	1
Speech Therapists	..	..	..	..	..	8
Head Teachers	..	..	..	..	..	35
Other Authorities	..	..	..	..	..	5

ANALYSIS OF RESULTS.

					Bilateral loss	Unilateral loss	
Slight loss—1–20 decibels	..	..	..	..	23	28	
More than 20 decibels loss	..	..	..	..	45	46	
More than 30 decibels loss	..	..	..	..	26	18	
More than 40 decibels loss	..	..	..	..	3	—	
More than 50 decibels loss	..	..	..	..	—	1	
More than 60 decibels loss	..	..	..	..	10	10	
(9 of these children are day pupils at the Maud Maxfield School. One child is in the residential school).							
					107	103	= 210
					—	—	
Found to have no loss	..	..	..	..	..	..	221
							431
							—

Some of the above children had been tested for a general practitioner, hospital or another authority ; the diagnosis of the remaining 162 who attended branch clinics follows :—

CONDUCTIVE DEAFNESS.

Eustachian catarrh	..	..	..	..	..	102
Otitis media—Acute	..	..	..	..	..	4
Chronic—Active	..	..	..	..	..	8
Quiescent	..	..	..	..	..	24
PERCEPTION DEAFNESS	..	..	..	..	..	18
FOR RETEST (No diagnosis)	..	..	..	..	..	6
						—
						162
						—

41 of the above children were referred to the Aural Surgeon, who advised the following :—

- 11 — removal of tonsils and adenoids.
- 5 — removal of adenoids.
- 4 — X-ray of sinuses.
- 1 — bilateral antrum washout.
- 1 — politzerisation.
- 1 — tympanic clearance under general anæsthetic.
- 1 — for retest.
- 12 — no further test indicated, but kept under observation
at branch clinics.

(5 awaiting appointments).

SPECIAL EDUCATIONAL TREATMENT.

14 hearing aids were issued to children, 5 of whom had been tested in previous years and whose hearing had deteriorated. Lip reading tuition was given to all these children. 2 children were recommended to be daily pupils at the Maud Maxfield School for the Deaf. One child was recommended for admission to a residential school for the deaf. Three children were found to need lip reading tuition, without hearing aids, and 34 were advised to sit in a favourable position for hearing in the class."

SPEECH THERAPY

By Mrs. A. A. Stockdale, L.C.S.T., Senior Speech Therapist :—

“ Hold fast the form of sound words.”— New Testament, Epistle to Timothy, i, 13.

“ ANALYSIS OF WORK CARRIED OUT DURING 1959

Cases open, 1st January, 1959	317
Cases on waiting list, 1st January, 1959	64
Cases referred during 1959	232
	<hr/>
	613
	<hr/>
Cases closed during 1959.. .. .	224
Cases open, 31st December, 1959	370
Cases on waiting list, 31st December, 1959	19
	<hr/>
	613
	<hr/>

INTERVIEWS

Treatment interviews with children	6,131
Diagnostic interviews with children	275
Interviews with parents	1,436
Interviews with other members of the School Health Service	187
Recall interviews after discharge	76
Visits made by Speech Therapists to schools, etc.	110

CHILDREN REFERRED TO SPECIALISTS

To Educational Psychologists for mental assessment	58
For audiometer test	6
For ear, nose and throat examination	14
For orthodontic examination	3
To Child Guidance Centre for opinion and treatment	2
For neurological examination	2

REASON FOR CLOSURE DURING 1959

I. *Treatment Cases.*

	Regular Treatment			Supervision		
	A	B	C	A	B	C
1. Good result	5	1	52	11	1	58
2. Improved as far as nature of defect will allow	2	1	2	2	—	1
3. Left school or district prior to completion of treatment	8	—	6	3	—	—
4. Closed for non-attendance	3	—	15	1	—	6
5. At parent's request	3	—	5	—	—	1
6. Unco-operative	1	—	—	—	—	1
7. Receiving treatment elsewhere	5	—	3	—	1	1
8. Unsuitable for speech therapy	2	—	2	1	—	—

A = Stammer

B = Stammer plus speech defect

C = Speech defect

II.	<i>Observation cases.</i>				
	Treatment not indicated after supervision	..	..	..	6
	Treatment not indicated at preliminary interview	..	..	..	6
III.	<i>Others.</i>				
	Diagnostic interview not kept	..	..	..	7
	Child died before completion of treatment	..	..	..	1

I am pleased to report that this year the Speech Therapy Clinic has enjoyed the benefits of having four full-time therapists. We have opened 277 new cases and in December, 1959 the waiting list was reduced to 19. Nearly twice as many cases have been closed this year as in 1958 ; 128 showed considerable improvement. There are still a number of parents who are not prepared to bring their children for treatment and, unfortunately, these are the ones whom the head teachers feel are most urgently in need of it. However, with their co-operation, some of these unwilling parents have been persuaded to attend the branch clinics.

Full day sessions have been established at Greenhill, Manor and Shiregreen clinics and a half day at Attercliffe. It has been decided to discontinue the half day session at Handsworth and to assimilate these patients at the Attercliffe and Manor clinics.

We have been delighted to give half day sessions to East Hill, Highfield, Handsworth and Wadsley Bridge Schools for E.S.N. children. Working in co-operation with the head teachers and staff of these schools is the most successful way of treating this type of child and we are grateful for the help we have received.

The session at Arbourthorne School for Physically Handicapped children has been continued. The staff of the school have always been eager to work with me and have been persistent in supporting my treatment from week to week. We are fortunate in receiving a great deal of help from head teachers. Without it our task would be very much harder."

SCHOOL DENTAL SERVICE

By Mr. E. Copestake, L.D.S., Principal School Dental Officer.

"Now this is a task as delicate as it is difficult."

—"The Complete Plain Words"—Sir Ernest Gowers.

"Since 1948, when the National Health Service was introduced, considerable and continued efforts have been made to make the school dental service in Sheffield more attractive and so enable the Committee to recruit dental staff. That some success was obtained is evident from the fact that at the end of 1955 more than the equivalent of ten full-time dental officers were employed. But by the end of 1959, the position had deteriorated and the full-time officers numbered only six, assisted by one part-time anæsthetist who attended on some 20 sessions during the year. The staff is now so small that if each of the 74,000 school children in Sheffield were to be treated in turn for a period of only one half-hour, less than one-third of the school population could be seen in a year. There appears to be no prospect of getting more staff and, within the next five years, three of those at present employed will have reached and passed the age at which they can retire.

Mr. John Cotton who joined the staff as a part-time dental officer in 1953, resigned in July, to end for us a very pleasant association and for him a period of social service which has been very much appreciated.

Mr. Edmund A. Reeve retired in November after 35 years' service. It will be remembered that at the time of his appointment there were three dental dressers employed who assisted dental officers at school inspections and filled teeth for children. In 1925 the Board of Education would no longer sanction their employment. If Mr. Reeve had remained on the staff a little longer he might well have seen the re-introduction of a similar type of ancillary dental worker, as the training of such girls for employment in local authority and hospital services will start this year. While this might be an admirable solution to present difficulties, it is doubtful if they will ever effectively replace such men as Mr. Reeve, whose personality has given such pleasure to his colleagues and whose treatment has been so confidently received by both children and parents alike. We wish him many happy years of activity and pleasure which undoubtedly will accompany the less strenuous conditions of retirement.

CLINICS

The Rowlinson Dental Clinic was completed in March and opened for treatment on two days each week. It was originally planned in 1955 when the provision of additional premises became necessary if more dental officers were to be appointed. Of ten dental clinics, three are now closed and four are operating on a part-time basis. Arrangements have been made for

treatment to be given at the Central Clinic to any children with toothache from areas without a dentist, and some receive comprehensive treatment when parents have made a request for it.

INSPECTION OF ROUTINE AND CASUAL PATIENTS

Visits were made to 112 (137) schools and 29,526 (36,389) children were examined. An additional 4,242 (4,834) children consisting of those referred by medical staff and teachers for urgent treatment, and others recalled by dental officers from schools not visited, were examined. Of those children seen in schools and offered treatment, 30% (33%) had parents who accepted comprehensive treatment and 15% (19%) accepted the extraction of teeth only. The closing of some clinics and the part-time operation of others appears to be moderately satisfactory. However, the employment of insufficient staff over a long period is unfortunate in that it has led inevitably to a deterioration in the use and appreciation of the service offered, and for the last ten years there has been a progressive fall in the percentage of parents accepting treatment for children.

Included in the above inspection figures are 909 children examined in special schools for physically handicapped children ; of those offered treatment 68·7% accepted it. This year the Arbourthorne Special School was included amongst those in which treatment is carried out on the school premises. That parents value this is shown by the fact that 68% of parents in this school accepted treatment this year compared with the 33% who accepted in the previous year when treatment was carried out in a school clinic.

(The figures in brackets throughout this report are those relative to the previous year).

TREATMENT

Of the total school population, one-seventh was treated during the year, and an average of 21 minutes per attendance and 40 minutes for each course of treatment were spent on each child. There was a total of over 17,000 casual and routine patients examined and offered treatment, of whom 58·3% (54·4%) compared with the national figure of 60% (latest available figure 1957) were treated. The number of casual patients was less than in any year since 1929. Many of the casual patients who attend the clinics with toothache accept complete treatment and are recalled at regular intervals for fillings ; 1,218 teeth were filled for such patients.

The present system of reserving one session a week in each clinic for the treatment of children attending for the extraction of teeth under a general anæsthetic for the relief of toothache originated many years ago.

The evening sessions then held for such treatment at the Central Clinic were discontinued because the numbers attending were too large to be dealt with. The number of casual patients with toothache have now diminished to such an extent that the reservation of one session a week in a clinic is not always possible if the time reserved is to be used economically, and other arrangements are made for short periods as these become necessary.

Apart from routine fillings and extractions, a large number of other operations were carried out and a summary of this work is given below :—

Dentures fitted	..	..	..	..	..	..	109
Root fillings	..	..	..	..	..	..	9
Crowns	..	..	..	..	..	..	9
Gold Inlays	..	..	..	..	..	..	17
Apicectomies, gingivectomies, removal of buried teeth, etc...							33
Application of Ag NO ₃	..	..	..	..	..	..	41
Dressings	..	..	..	..	..	..	1,473
Local anæsthetics	..	..	..	..	..	..	2,137
Scalings and polishings	..	..	..	..	..	..	1,601

SUMMARY OF THE WORK DONE IN DENTAL LABORATORY

Dentures and appliances provided for children and expectant and nursing mothers.

Dentures			Removable Appliances	Fixed Appliances	Study Models	Inlays and Crowns
Full	Partial	Repairs				
81	115	17	65	36	40	26
(123)	(142)	(14)	(101)	(54)	(44)	(14)

INCIDENCE OF CARIES

Of the children examined in schools, 66% were found to require treatment compared with 72% in 1958 and 76% in 1957. It is a pleasure to record this very desirable improvement because those examined were, as far as it is possible to ensure, the same group of children who have been examined annually for some years. It indicates that the incidence of caries is becoming less than it was.

When the fluoridation of water supplies has been introduced, and the opinion is held that it will undoubtedly become a duty of all water authorities to add fluorides to water supplies sometime in the near future, it is expected that the incidence of caries in children will be reduced by some 40% to 50% of the present figure. This in effect will result in children requiring less treatment and at less frequent intervals and fewer staff will then be required.

OBSERVATIONS

In the absence of effective measures of control, the dental health of children can only be ensured by regular and comprehensive treatment. The parents of over 17,000 children were notified that treatment was required, and it is to be hoped that the majority of those who did not attend the school clinic visited private practitioners. The mere casual notification of the need for treatment is only partially effective in its results, and this we can judge by the examination of large numbers of children who need treatment but never obtain it. It acts as a valuable reminder, but the written notification to parents is not of great value if in their hearts parents would rather not be bothered to make the effort necessary to ensure that their children receive the attention they require. It is even less good if parents are unaware, as so many are, of the benefits which children may expect from dental treatment. It is possible for an experienced dental officer, by the examination of teeth and records of treatment, to select with some accuracy from a group of children those who compose the " A " and those the " B " streams. The extent to which the teeth are cared for, in a way similar to the advantage taken of the education which is offered, reflects the home environment and the desire which both parents and children have for self improvement. Most of us have a dislike for the immediate prospects of dental treatment, even though this be given with delicacy and skill. Yet, as with many other less enjoyable activities which must be faced with courage and determination, those who are enlightened enough to further their own interests are the ones who will succeed both in and after leaving school.

I should like to complete this report by thanking the head teachers and their staffs for the help we have received from them during the year and for the manner in which we are made welcome in their schools."

ORTHOPAEDIC AND POSTURAL DEFECTS

“ By these ten bones, my lord.”—Shakespeare, II Henry VI, Act I, Sc. 3.

ORTHOPAEDIC CLINICS

The orthopaedic clinics followed the usual pattern, the greatest number of children having minor defects. 290 children were seen and only 25 of these had a defect of such a degree that transference to hospital was found necessary.

A summary of the cases is given below :—

Conditions									Number of cases attended
Cerebral Palsy	..	..	..	..	..	..	..	..	2
Metatarsalgia	..	..	..	..	..	..	..	..	1
Pes Cavus	..	..	..	..	..	..	..	..	14
Pes Planus	..	..	..	..	..	..	..	..	63
Pes Valgus	..	..	..	..	..	..	..	..	28
Genu Varum	..	..	..	..	..	..	..	..	2
Genu Valgum	..	..	..	..	..	..	..	..	50
Congenital Deformities :—									
Claw toe	..	..	..	..	..	..	..	..	8
Torticollis	..	..	..	..	..	..	..	..	1
Claw foot	..	..	..	..	..	..	..	..	1
Scoliosis	..	..	..	..	..	..	..	..	14
Kyphosis	..	..	..	..	..	..	..	..	4
Hallux Rigidus	..	..	..	..	..	..	..	..	5
Hammer Toe	..	..	..	..	..	..	..	..	3
Hallux Valgus	..	..	..	..	..	..	..	..	16
Overlapping Toes	..	..	..	..	..	..	..	..	3
Deformed Toes	..	..	..	..	..	..	..	..	4
Foot Strain	..	..	..	..	..	..	..	..	3
Exostosis Metatarsalis	..	..	..	..	..	..	..	..	2
Schlatter's Disease	..	..	..	..	..	..	..	..	1
Hemiplegia	..	..	..	..	..	..	..	..	1
Others	..	..	..	..	..	..	..	..	38
Nil Abnormal found	..	..	..	..	..	..	..	..	26
CASES									290
ATTENDANCES									356
Number of new cases									167
Number of old cases									123
Number of cases discharged									114
Number of cases transferred to hospital									25
Number of operations advised									4
Number of operations performed									Nil
Number of new appliances ordered									146
Number of repairs to appliances									4
Number of cases receiving treatment									89
Number of cases under observation									201

KING EDWARD VII ORTHOPAEDIC HOSPITAL AND ORTHOPAEDIC CLINICS

Dr. Herzog has supplied the information on which the following is based :—

HOSPITAL :—

<i>In-patients.</i>	1958	1959
Number of school children treated for non-tubercular conditions	76	72
Number of school children treated for tuberculosis of bones and joints .. .	5	6

Out-patients.

Number of attendances made .. .	826	930
---------------------------------	-----	-----

CLINICS :—

New cases of school children who attended this year ..	—	—
Number of attendances made .. .	192	199

CHIROPODY CLINIC

This clinic continues to be well attended. 750 new and 31 old cases were treated during the year, involving 1,715 attendances. At the end of the year 36 children were still in attendance.

HEART DISEASES AND RHEUMATISM

“ *A bitter heart that bides its time and bites.*”
 —Robert Browning, “ Caliban upon Setebos,” I, 167.

Dr. J. Lorber, the Pædiatrician, submits the following report on the Cardiac Clinic :—

“ The total number of new cases (45) referred to the clinic is of the same order as in previous years. The almost complete absence of fresh cases of rheumatic fever and chorea remains a satisfactory feature and is an indication of the declining incidence of this disease among our children.

The large majority of children who attended for the first time had no evidence of organic heart disease or of rheumatic fever (29 and 45) and seven others had no detectable abnormality but had had a mild attack of rheumatic fever in the past. This did not damage their hearts. There were 39 children with congenital heart disease, 6 of them being new cases. These children are usually fully investigated at the Children’s Hospital and, if necessary, they are being transferred for surgical treatment. During 1959, 2 children were operated on for Patent Ductus Arteriosus with complete recovery.”

Condition	New cases	Old cases	Attendances
1. Rheumatic pains or Arthritis—			
(a) With heart affection	—	3	4
(b) Without heart affection	—	—	—
2. Rheumatic Chorea—			
(a) With heart affection	1	3	7
(b) Without heart affection	1	—	1
3. Rheumatic Heart Disease without (1) or (2) above	2	6	12
4. Congenital Heart Disease	5	34	51
5. Functional Heart Disorder	19	10	31
6. No Rheumatism or Heart Disease or Disorder	10	3	13
7. Recent Rheumatism. No longer active. No Carditis	7	9	23
TOTALS	45	68	142

CHEST CLINIC

Dr. H. Midgley Turner, Senior Consultant Chest Physician, reports :—

“ The work of the Chest Clinic amongst tuberculous school children and suspects continues to be carried out in close co-operation with the School Health Service.

The names of all children who are known to have been in contact with infectious cases of tuberculosis in their homes are supplied to the Principal School Medical Officer. By this means it is possible to keep these children under specially close supervision. During 1959, 76 of these contacts were reported.

The Contact Clinic for both children and adults is on Friday mornings. At this Clinic children are given a preliminary tuberculin test, using the multiple puncture apparatus. If the test is negative, showing that the child has not been infected, B.C.G. vaccination is offered in order to protect him ; if the test is positive the child is X-rayed to find out whether the lesion is active or not. A large number of children are now also being referred for tuberculin testing as contacts of their elder brothers or sisters, who have been tuberculin positive when tested at school-leaving age. This is being done in order to try to track down the infectious cases of tuberculosis in the community which are responsible for the spread of the disease. This examination of the families of positive reactors to tuberculin is also now to be extended to the cases discovered when school entrants are tuberculin tested.

A supervisory clinic for children under observation or treatment for tuberculous infection is now held on Wednesday afternoons.

During the year, 3,309 attendances were made by school children at the Chest Clinic, exclusive of new cases. These were made up of 155 attendances of notified cases of tuberculosis and 3,154 attendances of children for observation.

NEW CASES

The number of new cases of school-children examined at the Chest Clinic was as follows :—Notified cases of tuberculosis of the lungs 1, contacts 604 and suspicious cases 301. Of the latter, 21 were sent by School Medical Officers.

In connection with the examination of school-children, 1,626 X-ray films were taken.

During the year, 6 notified and 16 suspicious cases were admitted into sanatorium for observation and treatment. 214 Mantoux tests and 3,107 multiple punctures were carried out at the Chest Clinic, mainly on contact children.

The number of notifications of tuberculosis in school children received was :—

PULMONARY				NON-PULMONARY			
Males	..	..	4	Males	..	..	1
Females	..	..	4	Females	..	..	4

No school children were found to have tubercle bacilli in the sputum or pleural fluid.

The scheme for B.C.G. vaccination of child contacts of cases of tuberculosis has been continued. During 1959, 394 school children were given B.C.G. vaccination.

On the 31st December, 1959 there were 179 notified school children, and 3,227 suspect school children on the Clinic Register."

MASS RADIOGRAPHY OF TEACHERS AND WORKPEOPLE

Mass Radiography was offered to all teachers and workpeople in the service of the Education Committee.

The programme of appointments for the teachers was arranged between the period November, 1958, and the end of April, 1959, and the attendances were as follows :—

				TEACHERS		
				Male	Female	Total
Attendances (1958)	..	..	..	206	260	466
Attendances (1959)	..	..	..	28	76	104
				<hr/>	<hr/>	<hr/>
				234	336	570
				<hr/>	<hr/>	<hr/>

				WORKPEOPLE		
				Male	Female	Total
Attendances	..	..	..	48	508	556

Out of the 570 teachers who attended for examination, only one man was found to require further investigation. This proved to be a case of left lower-lobe bronchiectasis. He had a left lobectomy performed and has now fully recovered.

The total attendances would appear to be a rather poor response, but it should be remembered that quite a number attend the Centre during their own time at the public sessions which are held regularly throughout the year.

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

By Dr. M. E. Jepson, Assistant Medical Officer of Health :—

“ Let information flow ; that evil is half-cured whose cause we know.”

—Charles Churchill, “ Gotham,” Book III.

B.C.G. VACCINATION

“ The main programme for the vaccination of school leavers (aged 13–14 years) for the School Year 1959–60, which would normally have commenced in the Autumn term of 1959, was deferred until the Spring term 1960. This was to avoid coinciding with the third injection against poliomyelitis, which the majority of the children concerned were due to receive in the Autumn term.

Of the 226 children who had missed vaccination during 1958, 120 were seen at defaulter sessions ; 98 had negative skin reactions and were vaccinated. Nineteen of the 22 positive reactors attended for X-ray, and one was found to have active tuberculosis.

SKIN TESTING OF SCHOOL ENTRANTS

It was decided to skin test the school entrants in those schools whose pupils would eventually be transferred to senior schools which had shown a consistently high positive reactor rate amongst school leavers. This was carried out during the Summer term of 1959 and 24 schools were visited.

Eligible 5 year olds	..	..	..	..	..	..	850
Consents received..	..	..	..	..	..	..	704
% Consent rate	..	..	..	..	..	..	83
Absent	..	..	..	..	..	..	125
Withdrawn	..	..	..	..	..	..	9
Already had B.C.G.	..	..	..	..	..	..	43
Number skin tested (excluding those who had had B.C.G.)							527
Positive	..	..	..	..	..	..	5
% Positive	..	..	..	..	..	..	0.95

The health visitors have called on the families of the five positive reactors and have explained the need for X-ray examination of the children and of their contacts.

X-RAY FINDINGS OF POSITIVE REACTORS AND THEIR CONTACTS

Four positive reactors attended for X-ray at the Chest Clinic ; the fifth had left the district before an X-ray could be arranged.

No evidence of tuberculosis	..	..	..	..	..	3
Signs of past primary tuberculous infection	..	..	..	..	..	1

X-RAY OF CONTACTS.

- 15 immediate family contacts were listed from the five household visits.
- 5 were X-rayed regularly by the mass-radiography unit.
- 4 refused X-ray.
- 6 attended the Chest Clinic for X-ray, all of which were normal.

SOURCE OF INFECTION

In only one household was there a probable source of infection known—in this case the grandfather who had died two years previously as a result of tuberculosis.

COMMENTS

1. The consent rate of 83% is very satisfactory. When the school entrants were last tested in 1957, the consent rate then was 73%. The increase is indicative of the growing interest amongst parents in the possibility of prevention of tuberculosis.

2. The positive reactor rate (0.95%) in these particular schools is no higher than the average rate (1.8%) amongst the school entrants in 91 unselected schools visited in 1957. This finding is reassuring and it does not seem that, in normal circumstances, there is any need to continue the tuberculin testing of school entrants.

3. At one school, however, the school entrants were tested as part of the contact investigation of a school meals assistant who had been notified, three months previously, as a positive case of tuberculosis :—

Possible number of children	..	..	..	..	..	29
Children tested	..	..	..	..	..	23
Positive reactor	..	..	..	..	..	1
Negative reactors	..	..	..	..	..	22

The one positive reactor had already been vaccinated with B.C.G. and had, in any case, entered the school after the original case had left. From the results it would seem that no infection amongst the children had taken place.

FOLLOW UP OF POSITIVE REACTORS (SENIOR PUPILS)

Routine skin tests are carried out as a preliminary to B.C.G. Vaccination. Of the 5,375 13-year old children tested, 1,041 were positive reactors, indicating they they did not require vaccination. It is desirable, however, that these children are followed up.

DETAILS OF SKIN TEST

The skin test was carried out by the Heaf Multiple Puncture method, one of five degrees of a positive reaction being recorded.

	Degree	Number found
1	: Small papule at each puncture	196
2	: Ring of induration	205
3	: Solid weal	250
4	: Large ring of induration	296
4+	: Vesicle formation	74
	Unclassified	20
		<hr/> 1,041 <hr/>

X-RAY

All the positive reactors were offered appointments to have a chest X-ray.

X-RAY FINDINGS.

SCHOOL YEAR	1955-56	1956-57	1957-58	1958-59
Number X-rayed	818	912	1,004	968
% of Positive Reactors X-rayed ..	72·1%	94·3%	93·8%	92·9%
RESULTS.				
No Pulmonary lesion	769	964	962	926
Miscellaneous, non-active and healed lesions	46	46	37	42
Active lesions	3	2	2	1

The miscellaneous lesions included 4 cases of bronchiectasis, 2 cases of recent inflammatory lesions, 3 cases of minor abnormality in the cardiovascular system and 1 film showed evidence of a previous lobectomy. 62 children were recalled for the purpose of a large film being taken.

As in previous years, the primary aim of the positive reactor follow-up scheme has been to discover any known or possible source of tuberculous infection in the circle of family, relations and friends, with whom the child may have been in contact; and to encourage the immediate family and close contacts of the child to be X-rayed, either at the Mass Radiography Centre or at the Chest Clinic, or in the case of younger children, to be skin tested. This work is carried out by the Health Visitor, who interviews the parents, explaining the significance of the positive reaction and the purpose of the investigations.

CONTACTS.

686 households have so far been visited, yielding a total of 2,658 contacts.

Immediate family contacts (parents, brother, sister or relation living in family unit)	2,129
More distant contacts (grandparents, uncle or aunt, friends) ..	529
	<u>2,658</u>

X-RAY OF CONTACTS.

Total Contacts	2,658	
Number who stated they had been recently X-rayed	308	} 413
Number already attending Chest Clinic recently	105	
Number advised to attend for X-ray	2,245	
Actual number attending	548	
% Attending	24·4%	

Several of the younger children in the families were skin tested at the Chest Clinic ; where the skin test was positive, the chest was X-rayed. B.C.G. was given to negative reactors where there seemed to be urgent indications for protection, or when specially requested by the parents.

RESULTS OF X-RAYS.

No lesions found	..	..	..	..	..	..	526
Active lesions	..	..	..	..	..	..	2
Inactive lesions	..	..	..	..	..	..	12
Miscellaneous—Emphysema	..	..	..	..	..	..	4
Bronchiectasis	..	..	..	..	..	..	1
Cardiac lesions	..	..	..	..	..	..	3
							<hr/> 548 <hr/>

SOURCE TRACING

Out of 686 households visited, there were 292 (42·7%) in which the child at some time during his life had been exposed to a potential source of tuberculous infection. In 36 families, there was more than one possible source of infection and 33 families had a history of some near relative dying from tuberculosis before the child was born. 27 of the positive reactors were already known to have had a clinically recognisable form of tuberculosis, e.g., tubercular bone, primary gland complex, in the past.

The contacts may be divided into household and non-household contacts, and the sources of infection are graded in degrees of probability.

1. Probable — the suggested source is very likely to be the true source.
2. Possible — the connection is less certain.
3. Remote — the connection is “ not proven.”

Source	Probable	Possible	Remote	Total
Household ..	86	10	3	99
Non-household ..	111	74	8	193
	<hr/> 197 <hr/>	<hr/> 84 <hr/>	<hr/> 11 <hr/>	<hr/> 292 <hr/>

RELATIONSHIP OF “SOURCE” TO POSITIVE REACTORS

Father or Mother	..	..	..	..	..	..	80
Brother or Sister	..	..	..	..	..	..	14
Grandparent	..	..	..	..	..	..	29
Uncle or Aunt	..	..	..	..	..	..	81
Cousins, etc.	..	..	..	..	..	..	22
Neighbours and friends	..	..	..	..	..	..	66
							<hr/> 292 <hr/>

74 of the 292 “ Sources of infection ” are now dead.

TUBERCULIN REACTION OF SIBLINGS

There was a total of 891 brothers and sisters of the positive reactors ; as a result of these or other contact investigations, or as part of the school entrants or school leavers programmes, the tuberculin reactions of 281 of these are known.

		Positive	Negative	Already had B.C.G.
Younger brother or sister	..	14	149 (49 given B.C.G.)	28
Older brother or sister..	..	37	1 (1 given B.C.G.)	52
		<u>51</u>	<u>150</u>	<u>80</u>

COMMENTS

1. 686 households out of 1,041 have so far been successfully visited ; some visits are still outstanding ; in other cases circumstances such as residence outside the City boundary have made investigations impracticable, and in many other cases absence of the whole family at school or at work has made interviewing very difficult, if not impossible. We are very grateful to the Health Visitors for the time spent, and for their thoroughness in interviewing.

2. The percentage of contacts responding to advice to be X-rayed is still low (24·4%) although comparable with last year's figure (24·2%). 11·7% (1957 = 10·8%) of the total contacts state that they are X-rayed regularly—usually from work. The great majority, whilst not actively refusing to be X-rayed, simply fail to keep the appointments made for them, a lack of enthusiasm, where they themselves are concerned, which contrasts with their concern for their children, as shown in the 92·9% response of the children. Two active cases of tuberculosis were found amongst the contacts X-rayed.

3. It is interesting to note that during the 3 years in which the analysis of the sources of infection have been made, the pattern of the known sources has remained almost identical, although the percentage of known as opposed to unknown had varied.

SCHOOL YEAR	1956	1957	1958
% KNOWN SOURCES	44%	32%	42·7%
% OF TOTAL KNOWN SOURCES—			
Father or Mother	25·3%	29·1%	27·4%
Brother or Sister	5·1%	5·8%	4·8%
Grandparent	8·3%	9·2%	9·9%
Aunt or Uncle	25·8%	30·4%	28·1%
Cousins, etc.	11·9%	5·9%	7·5%
Neighbours and friends	23·6%	19·8%	22·3%

It will be noted that each year approximately 30% of the known sources lie within the immediate family circle and that the chief sources of infection are parents, uncles or aunts, and friends or neighbours in approximately equal proportions. It may be interesting at some future time to investigate the family histories of parallel numbers of negative reactors, to compare the patterns of potential sources of infection.

4. Where the tuberculin reaction of the brothers or sisters is known, 150 out of 201 are negative, suggesting that in these families, the positive reactor tends to become infected from sources outside the family, and a positively reacting 13-year old child does not necessarily mean infection in the immediate family.

5. Follow-up of a positive reactor often reveals new contacts of an old chronic positive case, into whose circle they have arrived since the original notification of the case. In this way, the positive reactor follow-up scheme can provide a valuable link in the follow-up work of chronic positive cases, in ensuring that these more recent contacts are not missing the opportunity of a check examination."

CHILD GUIDANCE SERVICE

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge, Child Guidance Centre.

“ ‘ And how did Tim behave?,’ asked Mrs. Cratchitt. ‘ As good as gold,’ said Bob.”
—Charles Dickens, “ Christmas Carol ”.

“ The year under review has seen another considerable increase in the number of children dealt with. Excluding educationally sub-normal children, four hundred and sixty-nine children were referred, an increase of thirty-four per cent. over the average of the previous ten years. The following numbers referred, in averages per five years, demonstrate the steady growth of the work :—

1944-48	..	..	..	..	..	..	291 per year
1949-53	..	..	..	..	..	..	335 per year
1954-58	..	..	..	..	..	..	365 per year
(1959)	..	..	..	..	..	..	(469)

During the same five-year periods the numbers referred by head teachers have grown similarly (121, 152, 202 per year) but the proportion of the children have increased even more, rising from about forty-five per cent. of the whole to nearly sixty per cent. It is felt that this relates to the close relationship which exists with the schools. It has also been possible to give more help to the schools for physically handicapped, blind and deaf children. In addition seventy-five children not numbered in the appended figures were examined on group tests of intelligence and attainment.

Though more than half the children were referred for intellectual difficulties this does not adequately represent the symptoms for which treatment was needed. A proportion of these children are found to fit also into the nervous, habit and behaviour disorder categories.

The age range of children referred is as wide as has been noted in previous years, but on the whole they were slightly younger, more than half the children being below eight years. Half the children are between six and ten years old when referred.

In addition to the number of children referred being a record, the number of cases closed was the greatest ever achieved in one year. There is a gap between the numbers opened and closed, partly because there is an inevitable lag in the turnover and also because there is a tendency to have more cases under supervision with an increased turnover. The number of children waiting for treatment is sixty-six, the lowest waiting list for twelve years. Whilst many children are seen more quickly on account of age or acuteness of symptom, those coming at the end of the waiting list

still have to wait twelve months before regular interviews can be arranged. To mitigate this hardship children and parents are seen every few months during the waiting period.

Branch clinics operating at Handsworth and Hillsborough were opened during the year. Sessions have been held on one half-day each week which could well be extended if staff could be made available.

Six remedial reading classes in three schools were opened on a part-time basis. These classes were a response in the first place to the need to make provision for children who are put forward as educationally subnormal and are found to be of reasonably good intelligence. Sometimes they could not even be described as dull, though they are virtually illiterate and make no progress. Obviously when a line has to be drawn it is somewhat arbitrary, at the borderline, as to whether a child stays in the ordinary school or goes to a special school. These children are often doing as well as could be expected and are not really an educational *problem*. The aim of the Centre staff has been to find the brighter child who is very severely retarded at the bottom of the junior school. These children have been given three extra lessons per week by a supplementary teacher and excellent results are being achieved. It is hoped to extend this provision to other schools.

Apart from these innovations the work of the Centre has gone on as usual. Talks have been given to teachers, doctors, student groups and parent groups about the work. Many children are discussed with their teachers and advice given quite apart from reference to the Centre as “cases.”

The Centre has co-operated reciprocally with the Education Welfare, Probation and Children’s Departments.

Mr. K. A. Smart joined the staff at the Centre as an additonal Educational Psychologist at the beginning of February, Mr. P. F. Portwood left to take up an appointment as Senior Psychologist to the Cornwall Authority at the end of June and Miss E. M. Fawcett commenced duties as Educational Psychologist at the beginning of Spetember.

Number of cases registered during 1959 :—

Girls	..	..	..	..	..	..	..	..	172
Boys	..	..	..	..	..	..	..	..	297
									<hr/> 469
Educationally subnormal investigation	..	..	..	..	..	..	..	..	51
									<hr/>
TOTAL..	..	..	..	..	..	..	..	..	520
									<hr/>

Analysis of cases dealt with :—

Cases closed in 1959	411	
E.S.N. cases closed	43	
	<hr/>	454
Cases open 31st December, 1959	292	
E.S.N. cases open	279	
	<hr/>	571
Cases on waiting list 31st December, 1959 .. .. .	..	10

Reasons for closing cases in 1959 :—

Did not attend at all .. .. .	..	16
Consultation only	272	
Consultation only—E.S.N. cases	43	
	<hr/>	315
After supervision .. .. .	..	62
Treatment cases—		
Further attendance impossible .. .. .	..	3
Patient unco-operative .. .. .	..	1
Parent unco-operative .. .. .	..	4
Treatment completed .. .. .	..	53
		<hr/>
		454

Analysis of cases open on 31st December 1959 :—

Under treatment .. .. .	..	66
Under supervision	126	
Under supervision—E.S.N. cases	279	
	<hr/>	405
Under investigation .. .. .	..	34
Awaiting treatment (investigation complete) .. .. .	..	66
		<hr/>
TOTAL .. .. .	..	571

*Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	E.S.N. investigation	Total
Number of children ..	26	46	90	307	51	520

Sources of reference

	Head Teacher	Parents	School Medical Officer	Speech Therapists	Juvenile Court	Private Doctor	Hospital	Others	Total
Number of children ..	297	29	96	63	9	7	12	7	520

Age range on reference (excluding E.S.N. children)

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children ..	4	40	57	—	97	55	53	47	46	30	19	15	5	—	1	469

Intelligence Quotient Range of all Cases Closed during the Year (excluding E.S.N. cases)

	70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
Number of children ..	20	57	76	80	69	35	28	22	24	411

* Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance”.

SCHOOL NURSING SERVICE

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister.

*“ ‘ Is it well with the child ? ’ And she answered,
‘ It is well ’.”*

—II, Kings, iv, 26.

“ During the year, seven Health Visitors have worked part-time in the School Health Service, replacing three full-time School Nursing Sisters. This system has worked smoothly, and its value is seen particularly in dealing with “ problem families”.

Close co-operation is also maintained with Miss Littlewood, Superintendent Health Visitor, and frequent discussions are held, so that any overlapping of functions may be avoided.

CLEANLINESS SURVEY

The following figures give the results of the hygiene examinations carried out by the School Nursing Staff :—

(i) Number of pupils examined :—					
Boys	..	..	..	..	30,357
Girls	..	..	..	..	29,245
					59,602
(ii) Number of pupils found to be in an unclean or verminous condition :—					
Boys	..	..	..	..	739 (2·1%)
Girls	..	..	..	..	2,021 (6·9%)
					2,760 (4·6%)
(iii) Number of pupils found to have unsatisfactory clothing :—					
Boys	..	..	..	..	11 (0·04%)
Girls	..	..	..	..	7 (0·02%)
					18 (0·03%)
(iv) Number of pupils found to have unsatisfactory footwear :—					
Boys	..	..	..	..	14 (0·05%)
Girls	..	..	..	..	4 (0·01%)
					18 (0·03%)
(v) Number of heads cleansed :—					
Boys	..	..	..	..	425
Girls	..	..	..	..	861
					1,286

It should also be pointed out that it was found necessary in the worst cases of uncleanliness to send special cards of instructions to the parents of 706 boys (1·0%) and 1,916 girls (2·8%), following them up by second notices found necessary in respect of 188 boys and 459 girls, and third notices in respect of 20 boys and 59 girls.

The number of children found to show some evidence of verminous infestation remains much the same as last year, but the degree of infestation in many cases is very slight. The figures shown include those children who were found to have only one or two nits, and who obviously must be receiving regular attention from the parent, otherwise the head would have soon become heavily infested. The worst cases, many of which were cleansed by the nursing staff, come from socially inadequate homes, where infestation is only one of a number of problems.

The need for constant supervision is made very obvious after the summer holiday, when there is found to be a marked deterioration in the cleanliness of these children.

SPECIAL SCHOOLS

Frequent visits to give treatment are made regularly by the school nursing sisters. The needs vary greatly with the type of school. In those for educationally sub-normal children, minor ailments and uncleanliness are the main features, whilst in the schools for delicate children much time is spent on carrying out simple physiotherapy for abnormal chest conditions. This is done at the request of the hospital staff and supplements the treatment given in hospital. The children benefit considerably from receiving regular treatment, and do not lose time from school to attend out-patient departments.

CO-OPERATION WITH HOSPITALS AND OTHER SOCIAL WORKERS

The Chief School Nursing Sister attends committee meetings of the Family Service Unit and the Care of Children Co-ordinating Committee. One school nursing sister attends the City General Hospital weekly to exchange information with the almoner on children admitted to the hospital.

Homes are visited at the request of the almoners when patients fail to keep hospital appointments.

HEALTH EDUCATION

A school nursing sister has undertaken the duties of Health Tutor at Kenwood Nursery Training Centre. This involves attendance at the Centre on four sessions each week.

During the year, some of the school nursing sisters have given demonstrations in bathing a baby and talks on hygiene to girls in a number of secondary modern schools. This is done at the request of the head teachers and has proved very successful.

There has been an increase in the number of visits to the School Health Department by student nurses, district nursing trainees and students from teachers training colleges.

Four school nursing sisters attended a post refresher course in London and four at a course in Sheffield. This is the first time such a course has been held in Sheffield and it was a success. In addition to the members of staff attending full time, the other nursing sisters were given the opportunity of being present at individual lectures.

The monthly lectures for state registered nurses held at the City General Hospital have continued throughout the year, and the staff derive great benefit from their attendance at them.

SUMMARY OF WORK

IN THE SCHOOLS—

Attendance daily with the Medical Officers at Periodic Health Inspection.						
Examination of children under cleanliness scheme—Boys .. 70,120						
Girls .. 77,201						
						147,321
Examination of children for “ following up ”						
						1,269
Examination of children for investigation of outbreak of infectious						
diseases						2,787
Examination of children for other purposes						
						6,738
Attendances for breathing exercises						
						4,992
Weighing and measuring						
						65,066
Number of visions tested						
						19,017
						247,190
Number referred to clinics						
						3,338
Number of visits to schools						
						12,261

IN THE CLINICS—

	EYE TREATMENT		EAR TREATMENT		MINOR DRESSINGS	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe ..	118	273	327	3,002	1,451	5,750
Central	46	98	160	925	339	1,459
Greenhill ..	46	76	49	159	251	1,338
Handsworth ..	23	40	59	323	248	834
Heeley	113	208	132	405	773	2,805
Hillsborough ..	128	274	128	1,018	1,319	3,305
Manor	30	138	126	938	1,197	4,753
Nursery Schools	74	155	68	206	1,907	3,626
Pitsmoor ..	131	313	145	1,564	871	2,830
Shiregreen ..	83	319	111	773	680	2,151
Southey Green	38	71	48	121	323	650
Special Schools	174	2,130	253	1,313	3,822	10,246
Wisewood ..	64	198	70	361	652	2,058
* Woodhouse ..	—	—	12	64	15	67
Wybourn ..	100	203	119	953	2,025	4,659
TOTALS ..	1,168	4,496	1,807	12,125	15,873	46,531

(* Closed March, 1959).

IN THE HOMES—

Visits for “ following up ”						
						692
,, neglect, uncleanliness, etc.						
						236
,, various purposes.. .. .						
						632
						1,560”

INFECTIOUS DISEASES

“ If you prophesy wrong, nobody will forget it, and if you prophesy right, nobody will remember it.”—Josh Billings.

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers are not complete, but are sufficiently indicative of the trend of infection. Those applying to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1959	1958
Measles	416	18	334	55	823	145
German Measles	118	95	10	32	255	316
Whooping Cough	13	2	22	19	56	18
Chicken Pox . .	1,034	452	290	392	2,168	2,896
Mumps	348	115	69	59	591	3,782
Scarlet Fever . .	126	71	30	97	324	418
Meningitis . .	5	5	3	2	15	16
Dysentery . .	5	15	3	41	64	712

DIPHThERIA

None occurred for the tenth successive year but it is useful to recollect that in 1938 there were as many as 824 cases in the City.

POLIOMYELITIS

There were no cases of children of school age and none of children under 5 years of age.

Three adult cases were reported, all over 30 years old, 2 of them paralytic and one non-paralytic.

POLIOMYELITIS VACCINATION

Vaccination against poliomyelitis was first introduced in 1956 and was offered initially to selected age groups only, but in November, 1957, it was made available to all children of school age. Although the obligation for carrying out this work is that of the Health Committee, there has been very great assistance given by the staff of the School Health Service.

During 1959, emphasis was placed on giving the third injections authorised in the Ministry of Health Circular 20/58. It has been the usual practice to carry out this form of vaccination at the larger Child Welfare Centres, but almost all the school clinics were brought into use during the Autumn half-term holiday when 14,567 children responded to invitations to attend for re-inforcing injections.

35,524 children of school age received third injections during 1959, and 8,874 completed a course of two injections, making a total of 58,320 since the inception of the Scheme.

IMMUNIZATION AGAINST DIPHTHERIA

As mentioned earlier, diphtheria has been absent from the City for ten years. In view of this there is a real danger that parents, being unfamiliar with the disease and its serious after effects, may tend to neglect having their children immunized. Every effort is made, therefore, by staffs at the schools and clinics to encourage a larger number of acceptances.

Approximately 76 per cent. of children aged 5 years have been immunized.

PARTICULARS OF IMMUNIZATION BY SCHOOL MEDICAL OFFICERS DURING THE YEAR

(a) *Primary Inoculations.*

Number of children who completed immunization—

Under five years of age	..	..	..	..	..	294
Five to fifteen years	..	..	..	..	..	805

1,099

Number who received one injection	195
-----------------------------------	----	----	----	----	----	-----

Total number who attended for immunization	1,294
--	----	----	----	----	----	-------

(b) *Stimulating (Reinforcing) Doses.*

Number of invitations sent to parents..	4,266
---	----	----	----	----	----	-------

Number of children injected—

(a) By private doctor	826
-----------------------	----	----	----	----	----	-----

(b) By School Medical Officers—

(i) In response to invitations	..	..	..	..	1,448
(ii) On referral from other sources	..	..	..	..	846

Total number who attended for immunization	2,294
--	----	----	----	----	----	-------

PARTICULARS OF TREATMENT SINCE 1956.

(a) *Primary Inoculations.*

Number who have completed immunization during 1956	..	831
Do. 1957	..	1,181
Do. 1958	..	1,294
Do. 1959	..	1,099

(b) *Stimulating or Reinforcing Doses.*

Number of stimulating doses given during 1956	..	..	..	2,270
Do. 1957	..	..	..	2,117
Do. 1958	..	..	..	2,552
Do. 1959	..	..	..	2,294

HANDICAPPED PUPILS

" It is a field of battle and not a bed of roses."

—" Virginibus Puerisque ", R. L. Stevenson.

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953, as requiring special educational treatment :—

		Accommodation for
BLIND PUPILS	Sheffield School for Blind Children	60 pupils
PARTIALLY SIGHTED PUPILS	Bents Green School ..	30 pupils
DEAF (GRADE III) AND PARTIALLY DEAF (GRADE IIB) PUPILS	Maud Maxfield School .. (Day and Residential)	120 pupils
PARTIALLY DEAF (GRADE IIA) PUPILS	Weekly classes in lip reading at Maud Maxfield School	20 senior and 20 junior pupils
DELICATE PUPILS	Bents Green Residential School	40 pupils—girls
	Whiteley Wood, Bents Green, and Springvale House Schools	384 pupils
PHYSICALLY HANDICAPPED PUPILS (DAY)	Arbourthorne North and Mayfield Schools ..	120 pupils
EDUCATIONALLY SUB-NORMAL PUPILS	East Hill School	45 pupils—infant and junior boys and girls
		100 pupils—junior boys
		120 pupils—senior boys
	Handsworth School ..	100 pupils—junior girls
	Highfield School	120 pupils—senior girls
	Wadsley Bridge School ..	120 pupils—senior boys
		100 pupils—junior boys

SHEFFIELD SCHOOL FOR BLIND CHILDREN

An analysis of the defects of the pupils in the School at the end of the year follows :—

Abiotrophy of retina	1
Buphthalmos	5
Choroido-retinal dystrophy	1
Congenital cataracts	8
Congenital nystagmus	3
Corneal dystrophy	1
Cranio-facial dysostosis	1
Glioma retinae (results of)	2
Irido cyclitis	1
Lymphatic ophthalmia	1
Microphthalmos	4
Optic atrophy	6
Pseudo-glioma	1
Retino-blastoma	1
Retrolental fibroplasia	23
	—
	59

BENTS GREEN SCHOOL (PARTIALLY SIGHTED CLASSES)

An analysis of the defects of pupils in the School at the end of the year follows :—

Albinism	3
Aniridia	1
Coloboma of discs	1
Congenital cataracts	6
Congenital dislocation lenses	1
Congenital nystagmus	6
Macular abiotrophy	1
Optic atrophy	3
Retrolental fibroplasia	3
	—
	25
	==

SCHOOLS FOR THE PHYSICALLY HANDICAPPED—MAYFIELD AND ARBOURTHORNE NORTH

As noted in last year’s annual report, more severely handicapped children are admitted than formerly. This is particularly so at Mayfield, where a Child Care Assistant is employed full-time. Mrs. Tooze, the remedial gymnast, visits both schools twice weekly. By arrangement with the hospitals, children are conveyed from school by ambulance for physiotherapy. Where necessary, transport from home to school and back again is provided.

An analysis of the defects of the pupils in the schools at the end of the year is as follows :—

ARBOURTHORNE NORTH SCHOOL

Condition	Number of cases
Cerebral palsy	17
Post poliomyelitis	7
Epilepsy	1
Rheumatoid arthritis	1
Achondroplasia	1
Fragilitas ossium	1
Amputation (right leg)	1
Hæmophilia	1
Tumour of the Brain	1
Post T.B. hip	3
Post T.B. spine	1
Congenital heart disease	4
Microcephaly	1
Post burn scarring	1
Scoliosis	1
Talipes—agenesis	1
Artificial anus—no sphincter control	1
	—
	44
	==

Condition	Number of cases					
Congenital heart disease	9
Rheumatic carditis	1
Cerebral palsy	15
Post poliomyelitis	10
Bulbar paralysis	1
Epilepsy	2
Hydrocephalus	1
Muscular dystrophy	3
T.B. spine	1
Dislocation hips (1 paralytic)	3
Tumour of the spine and amputation of leg	1
Kyphosis	1
Meningocele	1
Spina bifida	1
Congenital deformity pelvic bones	1
Car accident (Brain injury causing right hemiplegia)	1
						<hr/> 52 <hr/>

SCHOOLS FOR DELICATE CHILDREN

There is still a need for special schools for delicate children, although due to earlier diagnosis and modern methods of treatment, the number of chronic chest cases is diminishing. The three schools, Bents Green, Whiteley Wood and Springvale House continue to do good work. Whiteley Wood celebrated its Golden Jubilee in June, when a most successful garden party was held. Many old teachers and pupils attended with their families, and it must have made the teachers very proud to see the success of their former pupils.

BENTS GREEN SCHOOL FOR THE PARTIALLY SIGHTED

The medical aspect has been mentioned previously. The educational aspect should be co-related with this.

In Class II, there are 12 children whose ages on the 1st September, 1959, ranged from five years eight months to ten years, and whose intelligence quotients varied between 68 and 125. Similarly, in Class I there are 15 children whose ages ranged from nine years ten months to fifteen years, and whose intelligence quotients varied between 57 and 119. These figures illustrate the elasticity necessary for teaching in this type of school.

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below :—

RESULTS OF EXAMINATIONS.

Recommended for admission to a day special school for the educationally sub-normal	69
--	----	----	----	----	----	----	----	----

Recommended for admission to a residential special school for the educationally sub-normal	3
Recommended for education in an ordinary school with special educational treatment.. .. .	46
Recommended for admission to a special school for the physically handicapped	3
Found to be educationally sub-normal—Child now in a private school	1
Found to be educationally sub-normal, but for further consideration as to disposal	14
Examined but decision deferred as to educational sub-normality ..	5
Referred to the Child Guidance Centre for investigation	4
No disability of mind	14
Found to be ineducable and recommended for report to the Local Health Authority—Section 57 (3)	32

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL.

Left on attaining the leaving age	58
Removed at an earlier age as incapable of receiving further benefit ..	17

TOTAL NUMBER REPORTED TO LOCAL HEALTH AUTHORITY (MENTAL HEALTH COMMITTEE).

	<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit or further benefit from instruction in school	16	9
Educationally sub-normal children reported on attaining the school leaving age	25	7

REPORTED TO THE VOLUNTARY ASSOCIATION FOR MENTAL WELFARE ON LEAVING SCHOOL

14 12

EDUCATION ACT, 1944, SECTION 57 (3).

For comparison, the numbers of children reported to the Local Authority under this section of the Act in previous years are given. They are children incapable of receiving benefit at school or, if already in school, who have ceased to benefit from instruction there. The average per year reported has been 35.

<i>Years</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1949	24	9	33
1950	22	21	43
1951	20	14	34
1952	17	18	35
1953	24	42	66
1954	12	9	21
1955	19	18	37
1956	19	16	35
1957	20	14	34
1958	9	15	24
1959	16	9	25

FOLLOW-UP OF CHILDREN WHO LEFT THE SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL IN 1956

The Sheffield Voluntary Association for Mental Welfare undertook the supervision of those children who left the schools for the educationally sub-normal, and who were not referred to the Local Health Authority.

Of the 9 girls who left the Highfield School three years ago, 4 stayed in their first jobs. One of the girls had a short period of unemployment due to shortage of work at her firm. She was a very good worker and before she had found other work, her previous employers asked her to return to her old job.

Two of the others had difficulties at first, but they are now well established in other work.

The remaining 3 girls have had various changes of employment during this period but all three are working at the present time.

Of the 31 boys who left the Wadsley Bridge School, 18 have remained in their first jobs. One boy, although settled at work, caused much unhappiness at home. Under the steadying influence of a girl friend, his behaviour has improved considerably.

Seven boys changed to other work for a variety of reasons. One boy was redundant but obtained other work and settled down happily. Another moved to a different firm but continued to do the same kind of work. Four more have changed their jobs many times but all are working.

The remaining 2 boys were eventually reported to the Local Authority for examination. One boy was very troublesome at home and required stricter supervision. The other had a very unsatisfactory home background and the whole family was under the supervision of the Probation Officer.

AFTER-CARE

The majority of the children who left the Special Schools during 1959 settled down quickly in their first jobs. Most of the parents were co-operative and they appreciated the help and advice offered to them by the Youth Employment Officers. There have been few difficulties where the Officers' guidance has been accepted.

Inevitably, some of the school leavers have changed their jobs. Where movement has taken place it has usually been due to an unwise choice on the part of the parent or child.

Occasionally a parent over-estimates the child's ability and unsuitable work is attempted. A few children and their parents still tend to choose the more highly paid work of a semi-skilled nature. Sometimes work is

chosen which is quite unsuitable from a health point of view. Under these conditions a child is often unhappy and unsettled.

When necessary, the child has been referred back to the Youth Employment Bureau. Under the guidance of the Youth Employment Officer a second choice has been made and has usually proved satisfactory.

During the year, 361 visits have been made to the homes of young people under 21 years of age. Of those under supervision, 74 are former pupils of the schools for the educationally sub-normal, 6 are physically handicapped and 137 are delicate.

EMPLOYMENT OBTAINED BY SPECIAL SCHOOL LEAVERS REFERRED TO THE AFTER-CARE OFFICE DURING THE YEAR UNDER REVIEW

OCCUPATIONS	EDUCA- TIONALLY SUB-NORMAL		OPEN- AIR		PHYSICALLY HANDI- CAPPED		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
Clerical	—	—	1	3	—	1	5
Shop Assistant.. ..	—	1	1	6	—	—	8
Hairdressing	—	—	—	3	—	—	3
Gardening	—	—	4	—	—	—	4
Green Keeper	1	—	—	—	—	—	1
Butcher's assistant	—	—	1	—	—	—	1
Pit trainee	—	—	1	—	—	—	1
Upholstery	1	—	—	1	—	—	2
Van boy	2	—	1	—	—	—	3
Rivet heater	—	—	1	—	—	—	1
Cutlery	4	—	1	1	—	—	6
Laundry	—	1	—	—	—	—	1
Button making	—	1	—	—	—	—	1
Boot repairer	1	—	—	—	—	—	1
Bakery assistant	—	—	1	1	—	—	2
Electrical apprentice	—	—	1	—	—	—	1
Electrical engineering—apprentice ..	—	—	1	—	—	—	1
Cardboard box making	—	—	—	2	—	—	2
Tailoring	—	—	—	1	—	—	1
Sewing machinist	—	—	—	1	—	—	1
Case lining	—	1	—	—	—	—	1
Plumber's assistant	—	—	1	—	—	—	1
Warehouse hand	1	3	1	1	—	—	6
Packer—biscuit factory	—	2	—	—	—	—	2
Tool making	1	—	—	—	—	—	1
Machinist—light tools	1	—	3	—	1	—	5
„ box making	—	—	1	—	—	—	1
„ cabinet making	—	—	1	—	—	—	1
Core making	—	1	—	1	—	—	2
Builder's labourer	—	—	1	—	—	—	1
Steel works labourer	3	—	—	—	—	—	3
Brick making	1	—	—	—	—	—	1
Sandal making	—	—	1	—	—	—	1
Wire cage making	—	1	—	—	—	—	1
Assistant—laboratory	—	—	—	1	—	—	1
Errand boy—builder's	—	—	1	—	—	—	1
Industrial Rehabilitation Centre ..	—	1	—	—	—	—	1
	16	12	24	22	1	1	76

DIABETES

11 pupils with this condition are under one or other of the hospital diabetic clinics, but are fortunately fit to attend an ordinary school.

CEREBRAL PALSY

There is a total of 101 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school. It is the residue, who are very severely handicapped, who constitute the real problem :—

Total number of children	..	..	..	..	..	..	101
Less those found to be ineducable	..	..	..	..	..	..	22
							—
							79
Less those under statutory school age	..	..	..	..	..	..	5
							—
Number requiring education	..	..	..	..	..	..	74
							==
Disposal of the educable children :							
At ordinary schools	..	..	..	..	..	..	21
In day special schools for :—							
Physically handicapped	..	..	..	..	..	..	31
Educationally sub-normal	..	..	..	..	..	..	9
Deaf	..	..	..	..	..	..	3
Partially-sighted	..	..	..	..	..	..	1
							— 44
In residential special schools	..	..	..	..	..	..	7
Receiving home tuition	..	..	..	..	..	..	2
							—
							74
							==

HOME TUITION

The recommendation for home tuition for handicapped children comes from the school medical officers who thereafter re-examine the children at intervals, reviewing the necessity for its continuance. All children are linked up with one or other of the two special schools for the physically handicapped, the visiting teachers working under the supervision of the head teachers of those schools.

The analysis of the defects of the 13 children receiving tuition at the end of the year is as follows :—

Bronchiectasis	..	..	..	..	..	..	1
Poliomyelitis—paralytic	..	..	..	..	..	..	2
Spina bifida	..	..	..	..	..	..	1
Cerebral palsy	..	..	..	..	..	..	2
Ectopic bladder	..	..	..	..	..	..	1
Muscular dystrophy	..	..	..	..	..	..	2
Hydrocephalus	..	..	..	..	..	..	1
Asthma	..	..	..	..	..	..	1
Dysarthria	..	..	..	..	..	..	1
Osteomyelitis of right tibia	..	..	..	..	..	..	1

PARTICULARS OF CHILDREN WHO ARE MAINTAINED IN RESIDENTIAL
SPECIAL SCHOOLS AND HOMES OUTSIDE THE SHEFFIELD AREA,
DECEMBER, 1959.

BLIND CHILDREN.	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Chorleywood College for the Blind, Hertfordshire ..	—	2	2
Condover Hall School for Blind Children, Shrewsbury ..	—	1	1
Henshaw's School for the Blind, Manchester	3	—	3
Royal Normal College for the Blind, near Shrewsbury ..	1	1	2
Tenovus Sunshine Home, near Bridgend, Glam.	1	—	1
Worcester College for the Blind, Worcester	1	—	1
			<hr/> 10 <hr/>
DEAF CHILDREN.			
Bridge House School, Harewood, Yorks... ..	1	—	1
Mary Hare Grammar School for the Deaf, Newbury, Berks.	1	—	1
St. John's R.C. Institution for the Deaf, Boston Spa, Yorkshire	3	1	4
			<hr/> 6 <hr/>
DELICATE CHILDREN.			
Ashe Hall School, Etwall, near Derby	1	—	1
Elmer's Court School, Lymington, Hants.	1	—	1
Hillaway Homes, Devon	3	—	3
Netherside Hall School, Skipton-in-Craven, Yorks. ..	1	—	1
St. John's R.C. Open-Air School, Woodford Bridge, Essex	4	—	4
St. Patrick's Open-Air School, Hayling Island, Hants...	—	1	1
St. Vincent's Open-Air School, St. Leonards-on-Sea, Sussex	—	1	1
			<hr/> 12 <hr/>
EDUCATIONALLY SUB-NORMAL CHILDREN.			
Aldwark Manor School, Alne, near York... ..	4	—	4
All Soul's Special School, Hillingdon, Middlesex ..	—	3	3
Allerton Priory R.C. School, Liverpool	—	1	1
Besford Court R.C. School, Worcester	4	—	4
Crowthorn School, Edgworth, near Bolton	1	1	2
High Close School, Wokingham, Berks.	—	1	1
Hilton Grange School, near Leeds... ..	1	1	2
Pontville R.C. School, Ormskirk, Lancs.	1	—	1
Rossington Hall School, Doncaster	6	—	6
St. Francis' Residential School, King's Heath, Birmingham	—	2	2
St. Joseph's R.C. School, Cranleigh, Surrey	1	—	1
			<hr/> 27 <hr/>

EPILEPTIC CHILDREN.				Boys	Girls	Total
Colthurst House School, Warford, Cheshire	..	..		1	—	1
Maghull Home, Maghull, Liverpool	..	..	..	—	1	1
Soss Moss School, Chelford, Cheshire	..	..	..	3	—	3
						<u>5</u>
						<u>5</u>

MALADJUSTED CHILDREN.

Camphill-Rudolf Steiner School, Aberdeenshire..	..	..	—	2	2
Hillaway Homes, Devon	..	..	..	1	—
					<u>1</u>
					<u>3</u>

PHYSICALLY HANDICAPPED CHILDREN.

Dame Hannah Rogers School, Ivybridge, Devon	..	—	2	2
Irton Hall School, Cumberland	..	..	1	—
Moor House School, Hurst Green, Surrey	..	..	—	1
Talbot House School, Glossop, Derbyshire	..	..	1	—
Thieves' Wood Special School, Mansfield	..	..	1	—
Welburn Hall School, Kirbymoorside, Yorkshire	..	—	1	1
Wilfred Pickles School, Duddington, near Stamford,				
Lincs.	..	..	..	..
				2
				—
				<u>2</u>
				<u>9</u>

FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf person under 21 years of age, and during the year the following students continued attendance at recognised institutions :—

Yorkshire School for the Blind (one boy, basketry ; one boy, brush making).

Royal National Institute for the Blind (one boy, physiotherapy).

Royal Residential School for the Deaf (one boy, baking and confectionery).

NURSERY SCHOOLS AND CLASSES

Miss Dent, Chief School Nursing Sister, reports :—

“ The tables on page 71 show the heights and weights of the children in nursery schools and classes ascertained at the annual inspections.

In addition to annual visits by the school medical officers, the nursery schools and classes are visited two or three times weekly by school nursing sisters, who supervise the general health of the children and give treatment for all minor ailments. They pay special attention to detection of early symptoms of infection, and endeavour to prevent their spread. The homes are visited when necessary, and thus a link between home and school is obtained.

The co-operation received from the teaching staff is a very valuable asset. During the year, there have been numerous requests from doctors, health visitors and hospital almoners for priority of admission to nursery schools and classes on socio-medical grounds. All these requests have been sympathetically met by the head teachers, and their help has been very much appreciated. There is no doubt that the attendance of a child at a nursery, whilst relieving the problem in the home, is also of great value to the child itself. The care and training received very quickly produce a marked improvement in general health, appearance and behaviour. It is quite evident that there is a need for facilities for nursery education.”

HEALTH EDUCATION

“ A faithful ambassador is health.”

—Proverbs, xiii, 17.

Talks to Parent-Teacher Associations and other groups and societies were given by members of the staff in the evenings.

School nursing sisters by request give talks and demonstrations on child care to older girls in some schools.

Doctors taking the Diploma in Child Health, fourth-year medical students, students taking the Diploma in Education, students from the School of Social Studies and various foreign visitors were shown the work of the School Health Service.

Thanks are due to the teachers who demonstrate and co-operate so willingly during these visits.

MISCELLANEOUS

REMAND HOMES

All boys and girls are medically examined to ensure freedom from infection before admission to the remand homes, and fully examined before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	144
Examinations for stage licences	31
Juvenile Court cases	159
For admission to approved schools	25
Annual medical examinations of " Boarded-out " children	110

Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades :—

Number passed	1,412
Number not recommended	4

Examinations of students for admission to training colleges for teachers:—

Men	64
Women	109
	— 173

PHYSICAL EDUCATION

A full account of the year's work is found in the Report of the Organiser of Physical Education on pages 82 to 94.

The school health service staff realise that physical education plays an important part in the development of the child and reports are given by school medical officers on the suitability of pupils for various types of physical activity, e.g., the advanced swimming course, swimming competitions and boxing. During periodic health inspections, head teachers are also informed of any restrictions on physical activity considered necessary in particular cases.

SCHOOL MEALS SERVICE

“ Food for thought.”

SCHOOL MEALS

The school meals are inspected by the School Medical Officers during each periodic health inspection. Their reports testify to the high standard maintained in the quality and cooking of the food, and in the variety of the menus.

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December, 1959, are as follows :—

January	..	..	35,139	July	..	..	..	33,578
February	..	..	33,121†	August	..	..		*
March..	..	..	33,692†	September	..	..		35,255
April ..	..	..	34,905	October	..	..		34,340‡
May ..	..	..	34,872	November	..	..		35,132
June ..	..	..	33,719	December	..	..		35,796

† Attendance effected by epidemics of measles and influenza.

* All Schools closed in August.

‡ Attendance affected by Transport Strike.

	1958	1959
Number of dinners supplied on payment	5,579,665	5,601,093
Number of dinners supplied free ..	516,965	584,608
Number of dinners supplied on part payment of 6d.	17,311	29,402

The following is the number of children on free meals in December, earlier years being included for comparison :—

1952	1953	1954	1955	1956	1957	1958	1959
3,987	4,117	3,560	3,231	2,862	2,960	3,527	3,460

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to a one-third pint bottle per day per child and no charge is made.

During the year ended 31st December, 1959, 11,776,489 one-third pints of beverage milk, representing approximately 490,687 gallons, were supplied to pupils in Sheffield schools.

Drinking straws are provided and all milk supplied to the schools is pasteurised.

1959				Primary and Secondary Schools	Grammar Schools	Non- Maintained Schools	Totals
January	..	..	..	53,679	3,862	2,827	60,368
February	..	..	..	51,864	3,834	2,628	58,326
March	..	..	..	51,660	3,900	2,787	58,347
April	..	..	..	55,817	4,038	2,811	62,666
May	..	..	..	55,496	4,086	2,889	62,471
June	..	..	..	55,269	4,079	2,886	62,234
July	..	..	..	54,508	4,700	3,004	62,212
August	..	..	..	—	—	—	—*
September	..	..	..	55,558	4,576	2,946	63,080
October	..	..	..	52,933	4,402	2,885	60,220
November	..	..	..	53,301	4,140	2,993	60,434
December	..	..	..	52,436	3,917	2,993	59,346

* All Schools closed in August.

A return to the Ministry of Education shows that on a day in October, 1959, 86·9% of pupils received beverage milk and 46·7% received dinners.

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street	All	Full-time	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopædic, heart and chiropody clinics. Central inspection, minor ailment and immunization clinics.
Clinic for Young Deaf Children, 7, Leopold Street.. ..	All	Thurs. mornings and afternoons	Diagnosis of Degree of Deafness and Auditory Training.
CHILD GUIDANCE. Child Guidance Centre, 9, Newbould Lane	All	Full-time	} Child Guidance.
Handsworth Branch Clinic, Hall Road 104, Parkside Road	17 20	Thurs. mornings Friday afternoons	
SPEECH THERAPY. Speech Therapy Clinic, 9, Newbould Lane	All	Full-time	
Attercliffe Branch Clinic, Vicarage Road	27	Thurs. afternoons	} Speech Therapy.
Greenhill Branch Clinic, Greenhill County School	8	Wednesday all day	
Manor Branch Clinic, Prince Edward County School	35	Tuesday all day	
Shiregreen Branch Clinic, Shiregreen County School	16	Friday all day	
DISTRICT MEDICAL CLINICS. Attercliffe Branch Clinic, Vicarage Road	18	Mon., Tues., Wed., and Friday afternoons	} Inspection, minor ailment and immunization clinics.
Central Clinic, 7, Leopold Street— District E	24	Mon., Wed., and Sat. mornings	
District F	26	Tues. and Thurs. afternoons & Sat. mornings	
Greenhill Branch Clinic, Greenhill County School	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth	14	Wed. mornings	
Heeley Branch Clinic, Lowfield County School	36	Mon., Tues. and Thurs. afternoons	
Hillsborough Branch Clinic, Broughton Road	26	Mon., Tues. and Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School	31	Mon., Wed. and Thurs. afternoons	
Pitsmoor Branch Clinic, Ellesmere Road County School	21	Mon., Tues. and Thurs. afternoons	
Shiregreen Branch Clinic, Shiregreen County School	16	Mon. and Wed. afternoons	
Southey Green Branch Clinic, Southey Green County School	5	Thurs. afternoons	
Wisewood Branch Clinic, Wisewood County School	6	Wed. and Fri. afternoons	
DENTAL CLINICS. Wybourn Branch Clinic, Wybourn County School	5	Mon. and Thurs. mornings	
Central Clinic, 7, Leopold Street ..	51	Varies	} Routine and casual dental treatment, special dental cases and dental radiography.
Attercliffe Branch Clinic, Vicarage Road	21	„	
Hatfield House Lane Branch Clinic, Hatfield House Lane County School ..	13	„	} Routine and casual dental treatment.
Heeley Branch Clinic, Lowfield County School	33	„	
Owler Lane Branch Clinic, Owler Lane County School	20	„	} Routine and casual dental treatment and orthodontics.
Rowlinson Branch Clinic, Rowlinson Technical School	8	„	
Southey Green Branch Clinic, Southey Green County School	11	„	

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Wood-house*	Shire-green	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	Total
Inspection and Minor Ailments Clinics	4,930	4,048	2,451	3,343	2,374	2,199	1,358	1,432	165	2,223	2,581	2,173	966	2,876	—	33,119
Dressings by School Nursing Sisters—																
Eye cases	273	313	274	208		98	76	40	—	319	138	198	71	203	2,285	4,496
Ear cases	3,002	1,564	1,018	405		925	159	323	64	773	938	361	121	953	1,519	12,125
Minor	5,750	2,830	3,305	2,805		1,459	1,338	834	67	2,151	4,753	2,058	650	4,659	13,872	46,531
Treatment Clinics—																
Ophthalmic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,062	4,062
Orthoptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,997	1,997
Aural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	828	828
Orthopaedic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	356	356
Rheumatism & Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	142	142
Chiropody	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,715	1,715
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19,641	19,641
Diphtheria Immunization	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,910	4,910
Child Guidance Centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,659	4,659
Speech Therapy Clinics	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8,215	8,215
TOTALS	13,955	8,755	7,048	6,761	7,055		2,931	2,629	296	5,466	8,410	4,790	1,808	8,691	64,201	142,796

INSPECTION AND MINOR

Condition	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Hands-worth	Green-hill
SKIN—								
Ringworm—Scalp ..	—	—	2	1	—	—	—	—
„ Body ..	—	—	—	—	—	—	1	—
Scabies	5	5	—	—	3	—	—	2
Impetigo	5	—	—	1	3	2	1	—
Other	171	415	334	476	229	239	119	217
EYE—								
Defective vision ..	83	134	70	150	57	73	110	65
Squint	3	9	2	10	1	2	—	1
Other	66	97	44	72	41	58	28	26
EAR—								
Defective hearing ..	53	87	—	64	18	59	30	15
Otitis media ..	74	69	5	24	11	9	21	5
Other	108	175	81	88	63	59	74	37
NOSE AND THROAT—								
Chronic tonsillitis and adenoids	56	24	5	1	9	5	22	—
Other	105	250	74	55	42	38	40	21
SPEECH	20	33	10	22	23	23	25	16
LYMPHATIC GLANDS ..	6	—	—	—	—	—	2	—
HEART	3	2	1	7	3	3	5	4
LUNGS	33	55	5	6	16	5	14	7
DEVELOPMENTAL—								
Hernia	—	—	—	—	—	—	—	—
Other	—	2	2	—	—	1	—	—
ORTHOPÆDIC—								
Posture	—	2	—	—	2	2	—	—
Feet	9	—	—	—	—	—	—	—
Other	29	140	17	56	36	26	14	27
NERVOUS SYSTEM—								
Epilepsy	—	3	3	1	5	2	2	1
Other	—	4	3	—	1	—	1	—
PSYCHOLOGICAL—								
Development	—	2	5	—	4	3	1	—
Stability	12	11	8	15	19	10	17	3
ABDOMEN	24	7	—	5	—	—	1	—
OTHER	574	750	616	985	621	592	351	306
Cases	1,439	2,276	1,287	2,039	1,207	1,211	879	753
Examinations	4,930	4,048	2,451	3,343	2,374	2,199	1,432	1,358

AILMENTS CLINICS 1959

Wood-house *	Shire-green	Manor	Wise-wood	Southey Green	Wybourn	Total	Condition
—	—	—	—	—	—	3	SKIN—
—	—	—	—	—	—	1	Ringworm—Scalp
—	2	7	—	2	—	26	Body
—	1	10	—	—	2	25	Scabies
2	162	316	263	39	74	3,056	Impetigo
							Other
6	63	98	24	10	17	960	EYE—
—	8	2	1	3	—	42	Defective vision
2	61	69	43	26	39	672	Squint
							Other
1	27	31	3	2	2	392	EAR—
2	29	56	—	8	14	327	Defective hearing
—	84	54	30	23	44	920	Otitis media
							Other
1	18	57	10	28	23	259	NOSE AND THROAT—
3	137	65	88	59	356	1,333	Chronic tonsillitis and adenoids
							Other
1	21	27	18	2	6	247	SPEECH
—	6	—	—	1	—	15	LYMPHATIC GLANDS
—	7	6	—	—	1	42	HEART
—	79	21	—	61	3	305	LUNGS
—	2	—	—	—	—	2	DEVELOPMENTAL—
—	1	1	—	—	—	7	Hernia
							Other
—	5	—	—	1	—	12	ORTHOPÆDIC—
—	6	—	—	—	—	15	Posture
—	48	31	72	14	19	529	Feet
							Other
—	7	6	1	—	1	32	NERVOUS SYSTEM—
—	23	—	1	8	—	41	Epilepsy
							Other
—	1	6	2	—	1	25	PSYCHOLOGICAL—
—	4	8	3	1	2	113	Development
							Stability
—	7	1	—	34	36	115	ABDOMEN
19	316	426	451	133	323	6,463	OTHER
37	1,125	1,298	1,010	455	963	15,979	Cases
165	2,223	2,581	2,173	966	2,876	33,119	Examinations

*Closed March, 1959

PRECIS, 1959

	Children	Attend- ances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools	1,771	
Periodic Health Inspections	22,214	
Selected cases	830	
“ Following up ”	3,970	
Special cases	1,651	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection and Minor Ailments Clinics	15,979	33,119
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	247,190	
Visits to homes	1,560	
Minor dressings at clinics and schools	15,873	46,531
OPHTHALMIC CLINIC—		
Examined by the Surgeon	3,745	4,062
Dressed by Nursing Sisters.. .. .	1,168	4,496
Orthoptic treatment	634	1,997
AURAL CLINIC—		
Examined by the Surgeon	597	828
Dressed by Nursing Sisters.. .. .	1,807	12,125
ORTHOPÆDIC CLINIC—		
Examined by the Surgeons	290	356
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	113	142
CHIROPODY CLINIC—		
Treated by the Chiropodist	781	1,715
DENTAL CLINICS—		
Inspected at Schools	29,526	
Inspected at clinics	4,242	
Treated by School Dental Surgeons	10,436	19,641
IMMUNIZATION AGAINST DIPHTHERIA—		
At schools and clinics	3,588	4,910
CHILD GUIDANCE CENTRE	703	4,659
SPEECH THERAPY CLINIC.. .. .	594	8,215
TOTAL ATTENDANCES OF CHILDREN AT SCHOOL CLINICS		142,796

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1958 Inches	1959 Inches	Number Examined 1959	Age	1920 Inches	1938 Inches	1945 Inches	1958 Inches	1959 Inches	Number Examined 1959
5	40.5	42.44	42.93	43.2	43.19	2,648	5	40.75	42.13	42.64	42.54	42.86	2,493
6	42.75	44.76	44.77	45.66	45.61	2,639	6	42.45	44.24	44.63	45.3	45.29	2,542
7	44.4	47.09	46.98	47.98	48.08	2,636	7	44.05	46.77	46.59	47.56	47.67	2,553
8	46.9	49.21	49.84	50.24	50.2	2,720	8	46.9	48.86	48.85	49.81	49.76	2,625
9	48.45	50.47	50.38	52.18	52.28	2,866	9	47.95	50.39	51.22	51.81	51.99	2,720
10	49.8	52.28	54.31	54.16	54.14	3,132	10	50.25	52.13	54.38	54.01	54.07	2,910
11	53.55	53.98	54.91	55.93	56.05	3,323	11	51.1	55.28	55.62	56.26	56.24	2,909
12	54.05	56.42	56.44	57.82	57.86	3,224	12	54.5	57.52	57.96	58.54	58.62	2,742
13	55.7	57.91	59.1	60.24	60.43	2,565	13	56.05	58.9	60.02	60.56	60.51	2,395
14	56.45	59.8	60.38	62.82	63.02	2,491	14	57.0	60.75	60.9	61.84	61.78	2,333
15	—	—	—	64.94	65.13	801	15	—	—	—	62.58	62.59	688
16	—	—	—	68.02	67.59	102	16	—	—	—	63.02	63.34	120

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1958 Pounds	1959 Pounds	Number Examined 1959	Age	1920 Pounds	1938 Pounds	1945 Pounds	1958 Pounds	1959 Pounds	Number Examined 1959
5	38.6	41.49	41.58	43.49	43.32	2,648	5	38.9	39.93	40.18	42.19	42.10	2,493
6	42.2	45.72	44.95	48.43	48.15	2,639	6	40.45	43.87	43.71	47.26	47.24	2,542
7	45.1	51.1	49.77	54.02	53.93	2,636	7	42.1	49.21	47.62	52.79	52.97	2,553
8	50.15	56.17	57.12	60.22	59.93	2,720	8	49.05	54.17	54.41	58.87	58.9	2,625
9	52.25	60.0	61.73	66.45	66.6	2,866	9	52.2	58.0	59.12	65.45	65.93	2,720
10	57.7	64.29	74.52	73.09	73.26	3,132	10	53.4	63.8	67.61	73.36	73.26	2,910
11	68.2	70.86	73.49	79.85	80.02	3,323	11	61.75	75.44	77.48	82.31	81.66	2,909
12	70.4	80.14	79.35	88.59	88.22	3,224	12	71.05	83.47	85.85	95.46	93.42	2,742
13	73.75	85.61	90.07	99.59	99.59	2,565	13	77.35	89.66	96.04	104.18	103.43	2,395
14	79.55	94.14	95.16	110.96	111.42	2,491	14	78.95	100.5	99.65	111.78	112.41	2,333
15	—	—	—	123.35	122.86	801	15	—	—	—	116.18	117.43	688
16	—	—	—	136.11	137.2	102	16	—	—	—	120.29	121.21	120

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		
5	2,648	43.19	710	43.73	1,417	43.09	521	42.72	5	2,493	42.86	688	43.19	1,372	42.77	433	42.59		
6	2,639	45.61	773	46.12	1,378	45.51	488	45.05	6	2,542	45.29	686	45.94	1,365	45.14	491	44.82		
7	2,636	48.08	840	48.51	1,326	47.98	470	47.56	7	2,553	47.67	757	48.26	1,310	47.51	486	47.19		
8	2,720	50.2	850	50.82	1,415	49.98	455	49.71	8	2,625	49.76	782	50.32	1,374	49.62	469	49.25		
9	2,866	52.28	818	52.85	1,529	52.14	519	51.76	9	2,720	51.99	785	52.59	1,466	51.9	469	51.3		
10	3,132	54.14	930	54.74	1,652	54.0	550	53.53	10	2,910	54.07	826	54.55	1,513	53.97	571	53.66		
11	3,323	56.05	1,040	56.56	1,721	55.86	562	55.7	11	2,909	56.24	797	56.7	1,605	56.14	507	55.84		
12	3,224	57.86	965	58.38	1,708	57.71	551	57.42	12	2,742	58.62	744	59.53	1,504	58.58	494	58.1		
13	2,565	60.43	840	60.8	1,291	60.39	434	59.83	13	2,395	60.51	714	60.99	1,242	60.32	439	60.27		
14	2,491	63.02	761	63.54	1,314	62.83	416	62.69	14	2,333	61.78	678	62.4	1,248	61.58	407	61.36		
15	801	65.13	371	65.57	328	64.74	102	64.79	15	688	62.59	304	62.89	300	62.39	84	62.18		

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS																	GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools										
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds									
5	2,648	43.32	710	44.35	1,417	42.97	521	42.86	5	2,493	42.1	688	42.64	1,372	41.99	433	41.57									
6	2,639	48.15	773	48.9	1,378	48.02	488	47.3	6	2,542	47.24	686	48.31	1,365	47.04	491	46.31									
7	2,636	53.93	840	54.6	1,326	53.88	470	52.87	7	2,553	52.97	757	54.46	1,310	52.51	486	51.91									
8	2,720	59.93	850	61.42	1,415	59.4	455	58.81	8	2,625	58.9	782	60.16	1,374	58.49	469	58.03									
9	2,866	66.6	818	68.4	1,529	65.97	519	65.61	9	2,720	65.93	785	68.06	1,466	65.59	469	63.43									
10	3,132	73.26	930	74.75	1,652	73.09	550	71.23	10	2,910	73.26	826	74.11	1,513	73.07	571	72.5									
11	3,323	80.02	1,040	81.27	1,721	79.64	562	78.9	11	2,909	81.66	797	82.59	1,605	81.49	507	80.75									
12	3,224	88.22	965	89.67	1,708	87.82	551	86.9	12	2,742	93.42	744	94.24	1,504	93.61	494	91.64									
13	2,565	99.59	840	100.73	1,291	99.3	434	98.25	13	2,395	103.43	714	103.83	1,242	103.6	439	102.26									
14	2,491	111.42	761	115.01	1,314	109.85	416	109.85	14	2,333	112.41	678	113.34	1,248	112.41	407	110.86									
15	801	122.86	371	124.97	328	121.35	102	120.04	15	—	—	304	116.9	300	117.6	84	118.74									

NURSERY SCHOOLS AND CLASSES

HEIGHTS

Boys					GIRLS				
Age	1957 Inches	1958 Inches	1959 Inches	Number examined 1959	Age	1957 Inches	1958 Inches	1959 Inches	Number examined 1959
2	35.78	35.9	35.69	18	2	35.13	35.63	36.53	33
3	37.94	37.72	38.12	211	3	37.46	37.83	37.85	159
4	40.0	39.72	39.87	199	4	39.52	39.67	39.74	142

WEIGHTS

Boys					GIRLS				
Age	1957 Pounds	1958 Pounds	1959 Pounds	Number examined 1959	Age	1957 Pounds	1958 Pounds	1959 Pounds	Number examined 1959
2	30.71	31.27	30.34	18	2	29.38	30.07	30.6	33
3	34.85	34.15	34.69	211	3	33.88	33.63	34.09	159
4	38.47	37.54	37.6	199	4	36.86	36.86	37.06	142

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1959

Number of pupils on registers of maintained and assisted primary
and secondary schools (including nursery and special schools)
in January, 1960 72,436

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)
1955 and later	295	295	100·00	—	—
1954	2,242	2,240	99·91	2	·09
1953	2,760	2,756	99·86	4	·14
1952	442	442	100·00	—	—
1951	101	101	100·00	—	—
1950	44	44	100·00	—	—
1949	110	110	100·00	—	—
1948	1,986	1,981	99·75	5	·25
1947	4,344	4,342	99·95	2	·05
1946	2,549	2,549	100·00	—	—
1945	2,176	2,174	99·91	2	·09
1944 and earlier	5,165	5,164	99·98	1	·02
TOTAL	22,214	22,198	99·93	16	·07

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC
MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1955 and later	1	22	22
1954	44	234	266
1953	111	448	525
1952	37	102	134
1951	16	30	45
1950	8	14	18
1949	15	23	36
1948	68	147	209
1947	235	378	577
1946	161	277	408
1945	74	212	273
1944 and earlier	255	506	730
TOTAL	1,025	2,393	3,243

TABLE C—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	23,205
Number of Re-inspections	..	..	..	..	..	25,348
						<hr/>
					TOTAL	.. .. 48,553
						<hr/> <hr/>

TABLE D—INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	..	..	..	..	147,321
(ii) Total number of individual pupils found to be infested	..	..	..	..	2,760
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	..	..	..	..	2,622
(iv) Total number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	..	..	..	..	—

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS.

Defect or Disease (1)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	Requiring Treatment (2)	Requiring Observation (3)	Requiring Treatment (4)	Requiring Observation (5)	Requiring Treatment (6)	Requiring Observation (7)	Requiring Treatment (8)	Requiring Observation (9)
Skin	65	34	142	25	288	78	495	137
Eyes—(a) Vision	156	382	329	123	540	444	1,025	949
(b) Squint	83	91	17	20	71	49	171	160
(c) Other	15	21	15	23	80	25	110	69
Ears—(a) Hearing	73	63	57	21	99	92	229	176
(b) Otitis Media ..	32	58	41	20	75	72	148	150
(c) Other	66	21	96	4	135	18	297	43
Nose and Throat	231	471	32	40	172	275	435	786
Speech	34	116	4	9	23	67	61	192
Lymphatic Glands	15	148	3	9	8	90	26	247
Heart	8	48	6	24	22	96	36	168
Lungs	28	183	7	25	17	166	52	374
Developmental—								
(a) Hernia	13	35	3	2	6	12	22	49
(b) Other	1	—	—	—	—	—	1	—
Orthopædic—								
(a) Posture	2	12	2	6	12	30	16	48
(b) Feet.. ..	16	38	5	15	45	71	66	124
(c) Other	34	109	19	29	62	93	115	231
Nervous System—								
(a) Epilepsy	3	8	4	9	12	16	19	33
(b) Other	1	8	1	3	5	23	7	34
Psychological—								
(a) Development ..	4	24	—	25	9	18	13	67
(b) Stability	5	72	—	10	13	70	18	152
Abdomen	—	11	1	2	5	4	6	17
Other	65	118	30	44	116	168	211	330

TABLE B—SPECIAL INSPECTIONS.

DEFECT OR DISEASE						SPECIAL INSPECTIONS	
						Requiring Treatment	Requiring Observation
Skin..	..	..	..	..	..	3,105	18
Eyes—	(a)	Vision	..	..	..	794	260
	(b)	Squint..	..	..	..	42	13
	(c)	Other ..	..	..	..	670	14
Ears—	(a)	Hearing	..	..	..	344	63
	(b)	Otitis Media	..	..	..	328	8
	(c)	Other ..	..	..	..	910	22
Nose and Throat	..	..	..	..	..	1,544	88
Speech	..	..	..	..	..	220	45
Lymphatic Glands	..	..	..	..	..	14	21
Heart	..	..	..	..	..	19	33
Lungs	..	..	..	..	..	290	36
Developmental—							
	(a)	Hernia..	..	..	..	2	—
	(b)	Other ..	..	..	..	7	—
Orthopædic—							
	(a)	Posture	..	..	..	10	2
	(b)	Feet ..	..	..	..	19	4
	(c)	Other ..	..	..	..	495	40
Nervous System—							
	(a)	Epilepsy	..	..	..	22	15
	(b)	Other ..	..	..	..	13	29
Psychological—							
	(a)	Development	..	..	..	13	14
	(b)	Stability	..	..	..	90	31
Abdomen	..	..	..	..	..	102	13
Other	..	..	..	..	..	4,126	203

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	793
Errors of refraction (including squint)	2,999
TOTAL	<u>3,792</u>
Number of pupils for whom spectacles were prescribed ..	3,021

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	278
(c) for other nose and throat conditions	67
Received other forms of treatment	2,852
TOTAL	<u>3,198</u>

Total number of pupils in schools who are known to have
been provided with hearing aids :—

(a) in 1959	30
(b) in previous years	123

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ..	798
(b) Pupils treated at school for postural defects	10

TABLE D—DISEASES OF THE SKIN.

(excluding uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm— (a) Scalp	3
(b) Body	1
Scabies	26
Impetigo	25
Other Skin Diseases	3,035
TOTAL	<u>3,090</u>

TABLE E—CHILD GUIDANCE TREATMENT.

Number of pupils known to have been treated at Child

Guidance Clinics	703
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TABLE F—SPEECH THERAPY.

Number of pupils known to have been treated by Speech								
Therapists	..	..	..	..	..	..	..	594

TABLE G—OTHER TREATMENT GIVEN.

								Number of cases known to have been dealt with
(a)	Pupils with minor ailments	..	..	..	..			4,910
(b)	Pupils who received convalescent treatment under School Health Service arrangements	..	..	..				208
(c)	Pupils who received B.C.G. Vaccination	..	..	..				823
(d)	Other than (a), (b) and (c) above—							
	Chiropody	..	..	..	..	..	..	781
	Diphtheria Immunization	..	..	..	..	..	..	3,588
	Heart	..	..	..	..	..	..	25
	Chest Clinic	..	..	..	..	..	..	3,193
	Orthoptic	..	..	..	..	..	..	634
								<hr/>
	TOTAL (a) — (d)	..	..	..	..	..	..	14,162
								<hr/> <hr/>

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of Pupils inspected by the Authority's Dental Officers :—							
(a)	At Periodic Inspections	..	..	..	..	..	29,526
(b)	As Specials	..	..	..	..	..	4,242
TOTAL (1)							33,768
(2)	Number found to require treatment	..	..	..	..	..	23,802
(3)	Number offered treatment	..	..	..	..	..	17,607
(4)	Number actually treated	..	..	..	..	..	10,436
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)	..	..	..	..	..	19,641
(6) Half-days devoted to :—							
	Periodic (School) Inspection	..	..	..	..	..	221
	Treatment	..	..	..	..	..	2,768
TOTAL (6)							2,989
(7) Fillings :—							
	Permanent teeth	..	..	..	..	..	7,222
	Temporary teeth	..	..	..	..	..	71
TOTAL (7)							7,293
(8) Number of teeth filled :—							
	Permanent teeth	..	..	..	..	..	6,541
	Temporary teeth	..	..	..	..	..	71
TOTAL (8)							6,612
(9) Extractions :—							
	Permanent teeth	..	..	..	..	..	4,435
	Temporary teeth	..	..	..	..	..	10,599
TOTAL (9)							15,034
(10)	Administration of general anæsthetics for extraction	..	..	..	..	..	7,668
(11) Orthodontics :—							
(a)	Cases commenced during the year	..	..	..	..	..	52
(b)	Cases carried forward from previous year	..	..	..	..	..	60
(c)	Cases completed during the year	..	..	..	..	..	58
(d)	Cases discontinued during the year	..	..	..	..	..	20
(e)	Pupils treated with appliances	..	..	..	..	..	112
(f)	Removable appliances fitted	..	..	..	..	..	65
(g)	Fixed appliances fitted	..	..	..	..	..	36
(h)	Total attendances	..	..	..	..	..	712
(12)	Number of pupils supplied with artificial dentures	..	..	..	..	..	102
(13) Other operations :—							
	Permanent teeth	..	..	..	..	..	4,921
	Temporary teeth	..	..	..	..	..	21
TOTAL (13)							4,942

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES, YEAR 1959.

During the calendar year 1959 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	TOTAL (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes	2	1	5	4	76	11	79	2	—	180
B. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ..	1	1	5	4	77	12	66	2	—	168

On or about 22nd January, 1960 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. (i) On the registers of— (1) Maintained Special Schools as :— (a) Day pupils (b) Boarding pupils.. .. . (2) Non-Maintained Special Schools as :— (a) Day pupils (b) Boarding pupils.. .. . (ii) On the registers of Independent Schools under arrangements made by the Authority (iii) Boarded in Homes and not already included under (i) or (ii) above	— 9	26 —	45 3	12 —	313 23	89 3	491 13	— —	— 3	976 54
	— 11	— —	— 5	— —	— 6	— 3	— 15	— —	— 2	— 42
	—	—	—	—	—	3	—	2	—	5
	—	—	—	—	3	—	—	1	—	4
TOTAL (C)	20	26	53	12	345	98	519	3	5	1,081

On or about 22nd January, 1960:— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
D. Being educated under arrangements made under Section 56 of the Educa- tion Act, 1944 :—										
(i) In Hospitals	—	—	—	—	—	28	—	—	—	28
(ii) In other groups	—	—	—	—	—	—	—	—	—	—
(iii) At Home	—	—	—	—	—	13	—	—	—	13
E. Requiring places in Special Schools										
(i) TOTAL :—										
(a) Day	—	—	—	—	—	—	—	—	—	—
(b) Boarding	—	—	—	—	—	1	—	—	—	1
Number of pupils included in these totals :—										
(ii) Who had not reached the age of 5 and were awaiting :—										
(a) Day places	—	—	—	—	—	—	—	—	—	—
(b) Boarding places	—	—	—	—	—	—	—	—	—	—
(iii) Who had reached the age of 5 but whose parents had not con- sented to their admission to a Special School and awaiting :—										
(a) Day places	—	—	—	—	—	—	—	—	—	—
(b) Boarding places	—	—	—	—	—	—	—	—	—	—
F. On the registers of Hospital Special Schools...										
	64
G. During the <i>calendar year</i> ended 31st December, 1959, number of children reported to the local health authority :—										
(a) Under Section 57 (3) (excluding those returned under (b))	25
(b) Under Section 57 (3) relying on Section 57 (4)	—
(c) Under Section 57 (5) of the Education Act, 1944	32

COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1959.

SECTION	Gross Expenditure	Income	Net Expenditure	Deduct Grant	Net Cost to Rates	Cost in terms of a Penny Rate	
						Gross Expenditure	Net Cost to Rates
Medical Inspection and Treatment	£ 117,502	£ 4,560	£ 112,942	£ 67,765	£ 45,177	d.	d.
Special Schools	243,493	29,860	213,633	144,505	69,128	11·17	3·17
TOTALS	360,995	34,420	326,575	212,270	114,305	16·56	5·24

PHYSICAL EDUCATION

By Mr. L. Morant, Organiser of Physical Education.

"The rich advantage of good exercise."

—Shakespeare, "King John," Act IV, Sc. 2.

1. Introduction

The year under review has been notable for general progress in matters affecting the provision and administration of a rational scheme of physical education for all children and young people attending schools, youth clubs and institutes of further education under the control of the Education Committee. It would appear also that there has been an increasing recognition of the physical, mental and social benefits to be derived from regular participation in an organised scheme of physical activity which is wide enough in scope and sufficiently flexible in application to provide interest for all, whatever their age, ability or aptitude. These two factors together have engendered an enthusiasm in all those responsible for this work, which has ensured that this subject has made its due contribution towards the fulfilment of the general aims of the Education service.

The progress in carrying out the Development Plan for Education has again caused great improvements in facilities. The opening of Jordanthorpe and Newfield Secondary Modern Schools for Girls, Tapton Secondary Modern (Mixed) School and Herdings County Junior School has meant that approximately 2,500 additional children are enjoying excellent facilities for this work for the first time. The improvement in environment has proved most stimulating to pupils and staff, and this, together with the regularity of indoor training which is now possible, has produced some excellent results. The three new fully-equipped gymnasias provided at Marlcliffe, Norfolk and Pipworth Road Secondary Schools are also appreciated very much by pupils and staff, both for their specific value and also because they have simplified the organisation of schools working under over-crowded conditions.

Improvements to the buildings at Greystones Secondary, Hunter's Bar Infants, Owler Lane Infants, Pye Bank Junior and Woodhouse West Junior Schools have all had a beneficial effect on the physical education there.

All schools have an adequate supply of suitable apparatus, but it is unfortunate that the incidence of purchase tax on fixed gymnastic apparatus is so heavy. It appears probable that this apparatus, which is manufactured almost entirely for education purposes, is wrongly taxed and it is hoped that this matter will receive early attention in appropriate quarters.

The full advantages of good facilities and equipment can only be obtained if there is an adequate supply of qualified teachers to ensure that they are put to the best possible use. In this connection two facts, which

have been mentioned in previous reports, still give rise for concern. The first is the shortage of fully qualified women specialists in physical education. A recent survey has shown that this is a national shortage, possibly the most severe in the whole field of teacher training. Unfortunately, the same survey also indicates that the large industrial cities suffer most in this respect. It would appear also that many of the women students leaving specialist colleges are attracted to service in grammar or independent schools in spite of the far-reaching changes in the organisation and administration of secondary education. The second fact is the practice in some training colleges of training teachers for general work in primary schools without providing them with a professional course in physical education appropriate for the children they are to teach. It is generally agreed that teaching in primary schools should be organised on a class rather than a subject basis and, whilst this is so, it is somewhat frustrating for a head teacher to be told by young, athletic teachers taking up first appointments that they are unable to teach physical education because they have not had an appropriate course.

In a large city where facilities vary and teachers have received their professional training as much as thirty years apart, it has been thought undesirable to be dogmatic on the subject of teaching methods, but every effort has been made to ensure that modern techniques are known, understood and applied to the best advantage in any particular conditions. This has been done by regular visits (every school receives at least one visit per term from an organiser), by regular demonstration lessons and by teachers' courses which are conducted out of school hours.

All youth clubs and evening institutes have also been visited and advice and practical assistance has been given to voluntary organisations as required. Members of the organising staff have also served on many local committees concerned with the development of various forms of physical recreation.

2. Teachers' Courses

Teachers in all types of school have again been given the opportunity to attend courses in various aspects of physical education. All these courses have been held during evenings or week-ends and credit is due to the many teachers who have given of their free time to attend.

The following comprehensive range of courses was held during the year :

	Number Enrolled
1. Teachers' Course in Infant Movement and Dance ..	171
2. Course in Gymnastics for Teachers of Senior Girls ..	42
3. Badminton (Mixed)	32
4. Lawn Tennis for Teachers of Senior Boys and Girls ..	32
5. Athletics Course for Teachers of Senior Girls	21
6. Course for Teachers of Senior Boys (General)	30
7. Cricket and Athletics for Teachers of Senior Boys ..	33
8. Teachers' Folk Dance Course	82
9. Youth Leaders' Course for Men	35
10. Youth Leaders' Course for Women	14
11. Hockey Course for Teachers of Senior Girls	28
12. Football Association Coaching Course	38
13. Introduction to Trampolining	58
14. Teaching of Netball (Films)	23
15. Folk Dance Club Combined Residential Weekend School and Day Course	93
16. Course on the Teaching of Swimming—Woodthorpe Baths	23

3. Activities in the Schools

(a) *Physical Education*

In every school provision is made for regular periods of physical activity appropriate to the age, ability and aptitude of the children. As a result of the progress made in carrying out the Development Plan, it has been found possible to make many improvements in the conditions in which the lessons take place. Teachers have always taken every opportunity of giving sound training in practical hygiene, but this is more effective in the premises now provided.

During the last twenty years, physical education in schools has undergone great changes and those elements which were derived from military drill are now rarely seen. The sudden response to a sharp command has given place to a more informal method of teaching in which the needs of each individual are paramount and there is little attempt at standardisation by classes. At the same time, whilst retaining the traditional aims of all-round physical development and the correction of minor postural defects, increased emphasis is now placed on the educational value of the training and the work is presented in such a way as to develop the qualities of initiative, self-confidence, self-reliance and the ability to co-operate with others.

(b) *Games*

Good progress was made in the development of a sound scheme of games training during the year. Modern methods of coaching, which were demonstrated on courses for teachers, were put into practice in the gymnasia and later on the playing fields. Whether success is judged on the number

taking an active part and receiving regular coaching or on the number of inter-school and friendly games or on the quality of the representative teams, the results give cause for satisfaction.

The playing fields at Bradway Junior and Hemsworth Junior Schools have been taken into use and it is hoped that the areas which are still in the hands of the contractors at Athelstan Primary, Herdings Primary, Abbeydale Boys' Grammar, Jordanthorpe Girls', Hurlfield Boys', Newfield Boys' and Girls', Myers Grove, Rowlinson and Tapton Secondary Schools will soon be available for limited use.

The regular playing of well-organised games in good conditions has such obvious educational values that almost all existing playing fields are over-used. This accentuates the problems always to be found in the conservation of good sports turf and there is a constant danger that there will not be sufficient time left for recuperation and routine maintenance.

(i) *Association Football*

Almost every school has taken part in a comprehensive programme of inter-school matches which have been designed to provide fair competition for all types and sizes.

The final results of the league competitions were :—

Competition	No. of Teams	Winners	Runners-up
City League	12	Coleridge Road Secy.	Shirecliffe Secy.
Clegg Shield	18	Newfield Secy.	Shirecliffe Secy.
Handsworth Cup	12	Wybourn Secy.	Western Road Secy.
United Shield.. .. .	14	St. Oswald's R.C.	Carbrook C.E.
Wednesday Shield (A)	37	Shirecliffe Secy.	Brook Secy.
do. (B)		Woodthorpe Secy.	Walkley County
News Chronical and Dispatch Shield	18	Burngreave Secy.	Coleridge Road Secy.
Gleeson Cup	8	St. Vincent's R.C.	St. Theresa's R.C.
Catholic Schools' Championship	7	St. Oswald's R.C.	St. Vincent's R.C.

The City Team had a fairly successful season in both the English Schools Trophy Competition and “ Wylie ” Shield Competition, but were defeated by the ultimate winners in each case :—

- in the “ English ” by Doncaster (3 goals to 1) ;
- in the “ Wylie ” by Barnsley (1 – 0 after replay).

The following boys gained distinction during the season :—

- COUNTY CAPS :
- M. Ash (Brook Secondary School)
 - R. Hudson (Owler Lane Secondary School)

INTERNATIONAL HONOURS :

M. Ash who played for England against Scotland.

This made four Sheffield boys who have gained International honours in four successive years.

(ii) *Rugby Football*

With the improvement in facilities, an increasing number of schools are widening the scope of their games training. Many boys are given coaching in rugby as well as association football and several schools have demonstrated that this can be done without adverse effect on the success of representative teams. Burngreave, Coleridge Road, Jordanthorpe, Shirecliffe and Whitby Road Schools have been particularly successful in this connection.

(iii) *Hockey (Girls)*

The standard of play and interest in the game generally has shown marked improvement this year. A course on the coaching of the game was held on three evenings at the beginning of the autumn term and the unusually good weather gave everyone an encouraging start to the season.

The Fourth Annual Tournament was played at two centres owing to the increased number of schools entering. In the section played between schools having their own playing fields, Norfolk Secondary School beat Silverdale Secondary School in the final. In the section for schools who travel to playing fields, Greystones Secondary School beat St. Oswald's R.C. School. The match between the section winners for the tournament trophy was played at Silverdale, Greystones Secondary beating Norfolk Secondary by four goals to nil.

The end of the autumn term marked a milestone in the progress of this sport for girls by the formation of a hockey section within the Sheffield Schools Athletic Association.

(iv) *Hockey (Boys)*

Certain schools have continued to provide coaching in hockey for boys, many of whom now have the experience of playing three major winter games before they leave school. This, together with the fact that they receive training also in athletics, badminton, basket-ball, cricket, tennis and swimming, means that they have a considerable choice of recreative physical activity to occupy their increased leisure time in post-school years.

(v) *Cricket*

Considering the shortage of good wickets, due in part to the fact that the public parks are not available until Whitsuntide, the amount of cricket played and the high standards obtained have been quite remarkable. This

reflects great credit on the teachers concerned. By use of improvised equipment and modern methods of class coaching, they have ensured that their classes have received sound training in the fundamental skills of the game even before they have been allowed to practice on turf. In an urban area it is a constant problem to maintain turf wickets in a satisfactory condition because of the intensive use, and the provision of hard practice wickets, as on the newer playing fields, is recommended as one way of overcoming this difficulty. The cricket season is so short that hard pitches, which are available for play whenever it is not actually raining, are essential if the desired results are to be obtained.

The inter-school leagues and competition were again well supported and it was a pleasure to note the efforts made to obtain the maximum educational value from the matches. Standards of play, dress, and sportsmanship were generally satisfactory.

The trophy winners were as follows :—

Small schools	Langsett Road Secondary
Stokes Shield	Meynell Road Secondary
Barber Shield	St. Peter's R.C. Secondary

The City Boys' Team again won the Yorkshire Cup and four boys, the most ever, represented Yorkshire. In addition, David Storf of Newfield Secondary Boys' School became the first Sheffield boy to play for England.

(vi) *Netball*

All girls attending Sheffield schools have the opportunity of playing this game and very high standards are reached. The league competitions catered for teams containing more than 600 girls.

The results were as follows :—

Competition	No. of Teams	Winners	Runners-up
Graves Shield	21	Southey Green Secy.	Burngreave Secy.
Creswick Trophy	20	Meynell Road Secy.	Norfolk Secy.
Hadfield Trophy	9	Maltby St. County	Upperthorpe County
Miller Shield	5	Maltby St. County	Upperthorpe County

The annual City Netball Tournament was held at Norfolk Secondary School on the 21st November, 1959. Twenty-nine teams took part and the final was won by Meynell Road Secondary School.

In a county rally which was held in Sheffield, twenty-one teams from various parts of Yorkshire took part. The County Championship was won by Sheffield Girls.

(vii) *Rounders*

This game retained its popularity in Primary Schools and Secondary Girls Schools. It has the advantages that it can be played on almost any type of surface and is easy to organise. It requires and develops several basic skills such as throwing, catching, hitting and running, and provides an excellent introduction to team competition.

It was most unfortunate that the Annual Tournament, for which 107 teams had entered, had to be cancelled because of bad weather.

The results of the inter-school competitions were as follows :—

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield ..	23	Meynell Road Secy.	Beaver Hill Secy.
Fred Bye Trophy	30	Meynell Road Secy.	Wybourn Secy.
Quine Trophy	10	St. Theresa's R.C.	Meersbrook Bank
Eaton Cup	41	Wybourn Junior	Woodside Junior
Carr Cup	41	Bradway Junior	Hucklow Road

(viii) *Basket Ball*

This game is now played regularly in all secondary schools for boys. It is an excellent game which demands speed of thought and action, stamina and good team play, and provides good opportunities for games training in limited space.

The Third Annual Tournament attracted an entry of 27 schools. Jordanthorpe Secondary Boys won the Championship.

(ix) *Tennis*

The provision of fourteen new hard courts at Newfield Secondary Girls' School and Jordanthorpe Secondary Girls' School raises the number controlled by the Committee to 87. They are all used regularly during organised games lessons for coaching purposes, and an increasing number of inter-school matches are being played.

With a view to improving standards of coaching and stimulating interest, a course on methods of class coaching was arranged for teachers and this was followed by the Second Annual Inter-Schools Tournament.

Tennis and badminton are being encouraged in all secondary schools, not only for their immediate educational value in providing healthy physical recreation, but also because of the valuable opportunities for social training which are being exploited to very good effect. In addition, both these beneficial activities can be carried on for many years after school life.

(c) *Athletics*

Efforts have continued in several directions to improve standards in this subject and it is possible to report sound progress. All new playing fields have excellent areas specially designed for coaching and practice, and further progress has been made in providing similar facilities at the long-established fields. The traditional interest in cross-country running has been maintained and 30 schools were represented in the annual race for the Senior Atkin Cup, which was won by Hartley Brook Secondary School.

Courses were organised for both men and women teachers in order to improve the technique of coaching events requiring greater skill and co-ordination. The results of such courses organised in recent years were seen both in the increased number of competitors and the greatly improved performances at the Annual City Gala at Hillsborough Stadium.

A representative team which took part in the Yorkshire Championships at Redcar was very successful, and Alison Leggett of Abbeydale Grammar School went on to become the first Sheffield girl to become a National Schools Champion by winning the 880 yards race for Senior Girls.

(d) *Dance*

Dancing continues to play an important part in the physical education programme. The majority of children in primary and secondary girls' schools are now receiving regular dancing lessons and it has been a pleasing feature this year to see the widening scheme of work being presented to all age groups.

A five-week course for teachers on creative dance in the Infants school was held at the beginning of the year, being very well attended throughout. During the summer term, a course on English folk dancing was again held at Carter Knowle Road County School, where teachers participated in a great variety of dances. This gave much enjoyment as well as being most helpful for teaching purposes, and was followed by a series of parties organised by the Folk Dance Society for pupils of the teachers who attended the course.

Sheffield Aesthetic and National Dance Society

The Society has continued to meet each week during the spring and autumn terms. Children taught by members were invited to a party to end the term.

The autumn term started with a very welcome influx of new members. The work covered national and creative dance suitable for teaching to children and also more advanced work for the enjoyment of the members.

(e) *Camping and School Journeys*

More schools are taking an interest in these and allied activities and much time is being spent, almost entirely outside school hours, in ensuring

that pupils obtain the full educational value from new experiences in changed environments. Opportunities have been provided for children to live as a community, either on highly organised foreign tours or in mobile camps, and the training given has developed such important qualities as self-confidence, initiative, independence and a sense of responsibility.

Schools in the City have taken an active part in the development of the Duke of Edinburgh's Award Scheme, and the action of the Head Teachers' Association in arranging for a visit by Sir John Hunt has given considerable impetus to the scheme locally. Sir John was particularly impressed with the work seen at Brook Secondary School, where both boys and girls have gained awards. At least 12 schools are now actively considering the introduction of the Award Scheme.

(f) *Swimming*

Almost all children between the ages of 10 and 12 receive regular instruction but this can only be made possible at considerable cost in time and money. The provision of school swimming baths near the new schools in the suburbs would do much to alleviate this difficulty.

The scheme of instruction developed during the past three years, with the aim of teaching all children to swim before they leave the Junior School at 11 years of age, is producing very satisfactory results as the following figures show.

ATTENDANCES IN SCHOOL TIME

Year	No. of Attendances
1955	276,524
1956	273,133
1957	290,774
1958	286,636
1959	295,134

DISTANCE CERTIFICATES

Lengths in Yards	BOYS					GIRLS				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
25	2,285	2,333	2,613	2,793	2,937	1,657	1,739	1,878	2,227	2,486
100	1,883	1,923	2,173	2,079	2,199	1,323	1,351	1,488	1,562	1,741
440	1,515	1,601	1,799	1,619	1,636	1,032	1,113	1,161	1,121	1,219
880	1,326	1,496	1,518	1,310	1,383	775	859	889	816	851
TOTAL	7,009	7,353	8,103	7,801	8,155	4,787	5,062	5,416	5,726	6,297

Grand Totals	1955	..	..	11,796
	1956	..	..	12,415
	1957	..	..	13,519
	1958	..	..	13,527
	1959	..	..	14,452

(i) *Life Saving*

Awards made by the Royal Life Saving Society for success in their examinations :—

Year	Intermediate Certificate	Bronze Medallion
1955	1,467	1,068
1956	1,069	1,027
1957	1,492	912
1958	1,564	1,065
1959	1,966	1,110

In addition to Intermediate Certificates and Bronze Medallions gained, the following awards were also obtained :—

	1958	1959
Scholar Instructor	24	21
Instructor	18	36
Bronze Cross	52	28
Award of Merit	15	11

Sheffield has a very proud record for the number of awards gained. Most of the examinations were conducted by the Committee's professional teachers of swimming and they reported a good standard of performance throughout.

Other Life Saving Awards gained by Sheffield Schools were :—

The Viner Shield	Coleridge Road Secondary Boys' School
The William Henry Cup ..	Southey Green Secondary School

(ii) *Awards of Merit*

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers.

Year	Boys	Girls	Total
1955	52	41	93
1956	68	46	114
1957	33	37	70
1958	65	76	141
1959	79	45	124

(iii) *Free Passes to Baths*

Free passes are awarded on a basis of one for every 20-lengths certificate gained by each department annually whilst attending a Corporation Bath for instruction in swimming. A similar privilege is granted by the Education

Committee to schools attending the Woodthorpe and King Edward VII Swimming Baths. These passes provide an incentive and give the more capable children an opportunity to make the most of their talents.

Passes were awarded as follows :—

City Teams	..	..	..	..	..	..	37
Training Scheme	..	..	..	..	..	..	79
Schools attending Public Baths	..	..	..	..	..	..	196
Woodthorpe and King Edward VII	..	..	..	..	..	..	30
TOTAL							<u>342</u>

(iv) *H.M.S. “ Sheffield ” Trophy*

The Artificers of H.M.S. “ Sheffield ” made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. Newfield Boys’ Secondary School won the competition with a total of 217.5 points.

(v) *The Winter Squadron Leagues*

These competitions have continued to maintain interest in inter-school swimming throughout the winter and Mr. H. Hughes, the Secretary, is to be congratulated on the good work done.

The results were :—

			Winners	Runners-up
Senior :	Boys	..	Prince Edward Secy.	Upperthorpe County
	Girls	..	Crookesmoor County	Burngreave Girls’ Secy.
Junior :	Boys	..	Abbeydale Secondary	Burngreave Boys’ Secy.
	Girls	..	Brook Secondary	Upperthorpe County

(vi) *English Schools’ Advanced Award*

This award demands all-round proficiency in swimming, both in style and speed, and above-average ability in diving. In 1959, ten boys and nine girls from Sheffield Schools were successful.

4. **School Sports and Tournaments**

The number of schools organising their own Open-days, Sports Days and Swimming Galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between staff, parents and members of the public and in improving the prestige of the school as an influence for good in its environment.

5. **Out-of-School Activities**

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts made for their benefit. It is not without significance that many Sheffield

teachers are prominent in the organisation of schools' sport at county and national level. Although the teachers concerned derive their main pleasure from the physical and social development of their charges, it seems appropriate that their devoted service should receive this acknowledgement.

Among the organisations working consistently throughout the year are the Schools' Athletic Association and the Schools' Swimming Association. Other organisations making valuable contributions are the Teachers' Folk Dance Club, the Aesthetic and National Dance Society, the Teachers' Netball Club, the Men Teachers' Gymnastic Club and the Men Teachers' Cricket, Hockey and Football Clubs.

(i) *The Sheffield Schools' Athletics Association*

The members of this association, the second oldest of its type in the country, have a proud record of 69 years' voluntary service for the children of the City's schools.

The widening of the scope of games training has made it necessary to form further sections for hockey, basket-ball, tennis and badminton. The constituent sub-committees have all organised coaching and competitions in their own activities and their efforts have again been co-ordinated by the General Secretary, Mr. E. Cornthwaite. The Secretary of the Association Football Section, Mr. C. Cawsey, again reports a successful season, with the many league competitions completed.

The Rugby Football Union under the leadership of Mr. G. Allen and Mr. Gallagher has continued to develop and now seems to be prepared for a period of expansion.

The Rounders section under Mrs. Goddard and the Netball section under Miss Bennett have both had a busy and successful year, during which they have catered for very large numbers in league competitions and rallies.

Mr. H. Whitham, the Secretary of the Athletics Section, reports a very active season in which Sheffield children have been more successful in county and national events than ever before.

(ii) *The Sheffield Schools' Swimming Association*

The section has had its normal year of great activity and considerable success. Nine District and two City Galas were organised and the Yorkshire Schools' Championship Trophy was won for the 11th year in succession. The list of successes in the County Gala is too long to include in this report, but the following honours in the National Championships are worthy of mention.

Janet Evans	1st	English Schools 100 yards Breast Stroke Championship
Peter Hammond	1st	English Schools 100 yards Free Style Championship
	1st	Junior A.S.A. 220 yards Free Style Championship

Mr. Hall, Mr. Stables, Mr. Brennan and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

(iii) *The Sheffield Teachers' Folk Dance Club*

This Club has continued to encourage the teaching and practice of folk and traditional dances in schools, clubs and institutes under the jurisdiction of the Education Committee.

The Sixteenth Annual Week-end Course was held at Hatfield House Lane, attracting 80 teachers. The club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

6. Conclusion

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his personal staff ; of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service ; of the kindly assistance of the official staff and personal colleagues ; and of the friendly relationships existing with the teaching staff.